| Fill in this information to identify your case: |                                                                           |                                      |
|-------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------|
| United States Bankruptcy Court for the :        |                                                                           |                                      |
| NORTHERN District of ILLINOIS (State)           |                                                                           |                                      |
| Case Number (If known):                         | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

#### **Official Form 101**

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | identify Yourself                                                   |                            |                                               |
|----|---------------------------------------------------------------------|----------------------------|-----------------------------------------------|
|    |                                                                     | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name                                                      |                            |                                               |
|    | Write the name that is on your                                      | Genesis                    |                                               |
|    | government-issued picture                                           | First name                 | First name                                    |
|    | identification (for example, your driver's license or               | Marie                      |                                               |
|    | passport).                                                          | Middle name                | Middle name                                   |
|    |                                                                     | Gonzalez                   |                                               |
|    | Bring your picture identification to your meeting with the trustee. | Last name                  | Last name                                     |
|    |                                                                     | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you                                                 |                            |                                               |
|    | have used in the last 8                                             | First name                 | First name                                    |
|    | years                                                               |                            |                                               |
|    | Include your married or maiden names.                               | Middle name                | Middle name                                   |
|    |                                                                     | Last name                  | Last name                                     |
|    |                                                                     | First name                 | First name                                    |
|    |                                                                     | Middle name                | Middle name                                   |
|    |                                                                     | Last name                  | Last name                                     |
| 3. | Only the last 4 digits of your Social Security                      | xxx - xx1046               | XXX - XX                                      |
|    | number or federal<br>Individual Taxpayer<br>Identification number   | OR                         | OR                                            |
|    | identification number                                               | <b>9</b> xx - xx           | 9xx - xx                                      |

Entered 04/13/17 11:08:52 Desc Main Filed 04/13/17 Case 17-11677 Doc 1 Page 2 of 60

Document Gonzalez Genesis Marie Debtor 1 Case Number (if known)

|                                                           |                                                 | About Debtor 1:                                                                                                                                     | About Debtor 2 (Spouse Only in a Joint Case):                                                                                                   |
|-----------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. Any business names and Employer Identification Numbers |                                                 | I have not used any business names or EINs.                                                                                                         | I have not used any business names or EINs.                                                                                                     |
|                                                           | (EIN) you have used in the last 8 years         | Business name                                                                                                                                       | Business name                                                                                                                                   |
|                                                           | Include trade names and doing business as names | Business name                                                                                                                                       | Business name                                                                                                                                   |
|                                                           |                                                 | <u></u>                                                                                                                                             | EIN                                                                                                                                             |
|                                                           |                                                 | EIN                                                                                                                                                 | EIN                                                                                                                                             |
| 5.                                                        | Where you live                                  |                                                                                                                                                     | If Debtor 2 lives at a different address:                                                                                                       |
|                                                           |                                                 | 4936 Michigan Ave Number Street                                                                                                                     | Number Street                                                                                                                                   |
|                                                           |                                                 | Schiller Park IL 60176 City State ZIP Code                                                                                                          | City State ZIP Code                                                                                                                             |
|                                                           |                                                 | COOK                                                                                                                                                | County                                                                                                                                          |
|                                                           |                                                 | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address. |
|                                                           |                                                 | Number Street                                                                                                                                       | Number Street                                                                                                                                   |
|                                                           |                                                 | P.O. Box                                                                                                                                            | P.O. Box                                                                                                                                        |
|                                                           |                                                 | City State ZIP Code                                                                                                                                 | City State ZIP Code                                                                                                                             |
| 6.                                                        | Why you are choosing                            | Check one:                                                                                                                                          | Check one:                                                                                                                                      |
|                                                           | this district to file for bankruptcy.           | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                            |
|                                                           |                                                 | have another reason. Explain. (See 28 U.S.C. § 1408                                                                                                 | I have another reason. Explain. (See 28 U.S.C. § 1408                                                                                           |
|                                                           |                                                 |                                                                                                                                                     |                                                                                                                                                 |
|                                                           |                                                 |                                                                                                                                                     |                                                                                                                                                 |
|                                                           |                                                 |                                                                                                                                                     |                                                                                                                                                 |

Doc 1

Debtor 1

Case 17-11677 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main Document Page 3 of 60 Genesis Marie Gonzalez Case Number (if known) Part 2: **Tell the Court About Your Bankruptcy Case** Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals The chapter of the Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Bankruptcy Code you are choosing to file Chapter 7 under ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No bankruptcy within the <sub>District</sub> None last 8 years? \_\_\_\_\_ When \_\_\_ ☐ Yes. Case Number MM / DD / YYYY District None \_\_ When \_\_\_ \_\_\_ Case Number \_\_\_ MM / DD / YYYY \_\_\_\_\_ When \_\_\_ \_\_\_\_\_ Case Number \_\_\_ MM / DD / YYYY No 10. Are any bankruptcy cases pending or being filed by a spouse who is Yes. not filing this case with \_\_\_\_\_ When \_\_\_\_ Case Number, if known \_\_\_\_\_ you, or by a business MM / DD / YYYY parter, or by affiliate? \_ Relationship to you \_ When \_ Case Number, if known \_\_\_\_ District

11. Do you rent your

residence?

- No. Go to line 12
- Yes.
  - Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
    - No. Go to line 12.
    - Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

MM / DD / YYYY

Filed 04/13/17 Entered 04/13/17 11:08:52 Case 17-11677 Doc 1 Desc Main Page 4 of 60

Document Gonzalez Genesis Marie Debtor 1 Case Number (if known)

| <ol> <li>Are you a sole proprietor<br/>of any full- or part-time<br/>business?</li> <li>A sole proprietorship is a</li> </ol>            | ■ No.<br>□ Yes. | Go to Part 4.  Name and location of b                                                                              | ousiness        |                     |             |       |            |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|-------------|-------|------------|
| business you operate as an individual, and is not a separate legal entity such as                                                        |                 | Name of business, if any                                                                                           |                 |                     |             |       |            |
| a corporation, partnerhsip, or LLC.  If you have more than one sole proprietorship, use a separate sheed and attach it to this petition. |                 | Number Street                                                                                                      |                 |                     |             |       |            |
|                                                                                                                                          |                 | City                                                                                                               |                 |                     |             | State | Zip Code   |
|                                                                                                                                          |                 | Check the appropriate                                                                                              | box to describ  | e your business:    |             |       |            |
|                                                                                                                                          |                 | ☐ Health Care Busi                                                                                                 | ness (as defin  | ed in 11 U.S.C. § 1 | 01(27A))    |       |            |
|                                                                                                                                          |                 | ☐ Single Asset Rea                                                                                                 | l Estate (as de | fined in 11 U.S.C.  | § 101(51B)) |       |            |
|                                                                                                                                          |                 | ☐ Stockbroker (as o                                                                                                | lefined in 11 L | .S.C. § 101(53A))   |             |       |            |
|                                                                                                                                          |                 | Commodity Broke                                                                                                    | er (as defined  | n 11 U.S.C. § 101   | (6))        |       |            |
|                                                                                                                                          |                 | ☐ None of the abov                                                                                                 | е               |                     |             |       |            |
| debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).                                                             | □ No. I         | am not filing under Chapter the Bankruptcy Code.  am filing under Chapter am filing under Chapter Bankruptcy Code. | 11, but I am N  |                     |             |       |            |
| Part 4: Report if You Own or Ha                                                                                                          | ve Any Hazard   | ous Property or Any Prop                                                                                           | erty That Need  | s Immediate Atten   | tion        |       |            |
|                                                                                                                                          | No.             |                                                                                                                    |                 |                     |             |       |            |
| <ol> <li>Do you own or have any<br/>property that poses or is<br/>alleged to pose a threat<br/>of imminent and</li> </ol>                | _               | What is the hazard?                                                                                                |                 |                     |             |       |            |
| indentifiable hazard to public health or safety?                                                                                         |                 |                                                                                                                    |                 |                     |             |       |            |
| Or do you own any                                                                                                                        |                 |                                                                                                                    |                 |                     |             |       |            |
| property that needs<br>immediate attention?<br>For example, do you own<br>perishable goods, or livestock                                 |                 | If immediate attention is                                                                                          | needed, why i   | s it needed?        |             |       |            |
| that must be fed, or a building that needs urgent repairs?                                                                               |                 |                                                                                                                    |                 |                     |             |       |            |
|                                                                                                                                          |                 | Where is the property?                                                                                             |                 |                     |             |       |            |
|                                                                                                                                          |                 |                                                                                                                    | Number          | Street              |             |       |            |
|                                                                                                                                          |                 |                                                                                                                    |                 |                     |             |       |            |
|                                                                                                                                          |                 |                                                                                                                    | City            |                     |             | Stat  | e ZIP Code |

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main

Debtor 1

Genesis

Document

Page 5 of 60 Case Number (if known)

Marie

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About D | ebtor 1: |  |
|---------|----------|--|

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| ☐I ar | m not required | to rec  | eive a  | briefing | about |
|-------|----------------|---------|---------|----------|-------|
| cre   | dit counseling | g becai | use of: |          |       |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. approved You must file a certificate from the agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

> to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-11677 Doc 1 Filed 04/13/17

Debtor 1 Genesis Marie

Document Gonzalez

Entered 04/13/17 11:08:52 Desc Main Page 6 of 60

| Debto | 1    | Genesis                                       | Marie                                                                                                                                                                                                       | Gonzalez                 | _                                                     | Case Number (if known)                                 |                                                    |  |
|-------|------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|--|
|       |      | First Name                                    | Middle Name                                                                                                                                                                                                 | Last Name                |                                                       | , ,                                                    |                                                    |  |
|       |      |                                               |                                                                                                                                                                                                             |                          |                                                       |                                                        |                                                    |  |
| Par   | 6:   | Answer These Question                         | s for Reporting Purpose                                                                                                                                                                                     | ıs                       |                                                       |                                                        |                                                    |  |
|       |      |                                               |                                                                                                                                                                                                             |                          |                                                       |                                                        |                                                    |  |
| 16.   |      | at kind of debts do<br>have?                  | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  □No. Go to line 16b. |                          |                                                       |                                                        |                                                    |  |
|       |      |                                               | Yes. Go                                                                                                                                                                                                     | to line 17.              |                                                       |                                                        |                                                    |  |
|       |      |                                               | money for a                                                                                                                                                                                                 | business or investmer    |                                                       | ss debts are debts that you tion of the business or in |                                                    |  |
|       |      |                                               | ∐No. Go t<br>∐Yes. Go                                                                                                                                                                                       |                          |                                                       |                                                        |                                                    |  |
|       |      |                                               | 16c. State the type                                                                                                                                                                                         | e of debts you owe tha   | at are not consumer de                                | ebts or business debts.                                |                                                    |  |
| 17.   | Are  | you filing under                              |                                                                                                                                                                                                             | ot filing under Chapter  | 7 Go to line 18                                       |                                                        |                                                    |  |
|       | Cha  | pter 7?                                       | _                                                                                                                                                                                                           |                          |                                                       | fter any exempt property                               | is excluded and                                    |  |
|       | any  | you estimate that after exempt property is    |                                                                                                                                                                                                             | strative expenses are    | -                                                     | available to distribute to                             |                                                    |  |
|       |      | luded and                                     | NO.                                                                                                                                                                                                         |                          |                                                       |                                                        |                                                    |  |
|       |      | ninistrative expenses paid that funds will be | Yes                                                                                                                                                                                                         | <b>3.</b>                |                                                       |                                                        |                                                    |  |
|       |      | ilable for distribution                       |                                                                                                                                                                                                             |                          |                                                       |                                                        |                                                    |  |
|       |      | insecured creditors?                          |                                                                                                                                                                                                             |                          |                                                       |                                                        |                                                    |  |
|       |      |                                               | <b>1</b> 1 10                                                                                                                                                                                               |                          | <b>П</b> 1 000 5 000                                  |                                                        | D 25 004 50 000                                    |  |
| 18.   |      | v many creditors do                           | ■ 1-49                                                                                                                                                                                                      |                          | 1,000-5,000                                           |                                                        | 25,001-50,000                                      |  |
|       | owe  | estimate that you                             | ☐ 50-99<br>☐ 400-400                                                                                                                                                                                        |                          | 5,001-10,000                                          |                                                        | 50,001-100,000                                     |  |
|       | Owe  | <b>;</b>                                      | 100-199                                                                                                                                                                                                     |                          | 10,001-25,000                                         |                                                        | ☐ More than 100,000                                |  |
| _     | _    |                                               | 200-999                                                                                                                                                                                                     |                          |                                                       |                                                        |                                                    |  |
| 19.   | Hov  | v much do you                                 | \$0-\$50,000                                                                                                                                                                                                |                          | □ \$1,000,001-\$10 r                                  | million                                                | □\$500,000,001-\$1 billion                         |  |
|       | esti | mate your assets to                           | \$50,001-\$10                                                                                                                                                                                               | 0,000                    | □ \$10,000,001-\$50                                   | million                                                | □\$1,000,000,001-\$10 billion                      |  |
|       | be v | worth?                                        | \$100,001-\$5                                                                                                                                                                                               | 00,000                   | □ \$50,000,001-\$10                                   | 0 million                                              | <b>□</b> \$10,000,000,001-\$50 billion             |  |
|       |      |                                               | \$500,001-\$1                                                                                                                                                                                               | million                  | □ \$100,000,001-\$5                                   | 00 million                                             | ☐More than \$50 billion                            |  |
| 20.   | Hov  | v much do you                                 | \$0-\$50,000                                                                                                                                                                                                |                          | □ \$1,000,001-\$10 r                                  | million                                                | □\$500,000,001-\$1 billion                         |  |
|       |      | mate your liabilities                         | \$50,001-\$10                                                                                                                                                                                               | 0,000                    | \$10,000,001-\$50                                     | million                                                | □\$1,000,000,001-\$10 billion                      |  |
|       | to b | e?                                            | \$100,001-\$5                                                                                                                                                                                               | 00,000                   | \$50,000,001-\$10                                     | 0 million                                              | □\$10,000,000,001-\$50 billion                     |  |
|       |      |                                               | □ \$500,001-\$1                                                                                                                                                                                             |                          | □ \$100,000,001-\$5                                   |                                                        | ☐ More than \$50 billion                           |  |
| Par   | 7:   | Sign Below                                    |                                                                                                                                                                                                             |                          |                                                       |                                                        |                                                    |  |
|       | •    | Sign Below                                    |                                                                                                                                                                                                             |                          |                                                       |                                                        |                                                    |  |
| For   | /ou  |                                               | I have examined the correct.                                                                                                                                                                                | is petition, and I decla | are under penalty of pe                               | erjury that the information                            | provided is true and                               |  |
|       |      |                                               |                                                                                                                                                                                                             | ·                        | -                                                     | proceed, if eligible, unde<br>under each chapter, and  | r Chapter 7, 11,12, or 13<br>d I choose to proceed |  |
|       |      |                                               |                                                                                                                                                                                                             |                          | ot pay or agree to pay s<br>If the notice required by |                                                        | ttorney to help me fill out                        |  |
|       |      |                                               | I request relief in a                                                                                                                                                                                       | ccordance with the ch    | napter of title 11, United                            | d States Code, specified                               | in this petition.                                  |  |
|       |      |                                               | with a bankruptcy                                                                                                                                                                                           | -                        | s up to \$250,000, or in                              | obtaining money or prop<br>nprisonment for up to 20    | perty by fraud in connection years, or both.       |  |
|       |      |                                               | <b>★</b> /s/ Genes                                                                                                                                                                                          | is Marie Gonzale         | z                                                     | <b>x</b>                                               |                                                    |  |
|       |      |                                               | Signature of                                                                                                                                                                                                | Debtor 1                 |                                                       | Signature of                                           | Debtor 2                                           |  |
|       |      |                                               | Fyggitad                                                                                                                                                                                                    | 04/08/2017               |                                                       | المحديد                                                |                                                    |  |
|       |      |                                               | Executed on                                                                                                                                                                                                 | MM / DD / YYY            | -<br>/Y                                               | Executed on                                            | MM / DD / YYYY                                     |  |

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main Document Page 7 of 60

Debtor 1 Genesis Marie Gonzalez Case Number (if known)

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| ✗ /s/ Lizette Villegas           | Date      | Date: 04/12/2017     |          |  |
|----------------------------------|-----------|----------------------|----------|--|
| Signature of Attorney for Debtor | Date      | MM / DD / YYYY       | _        |  |
| Lizette Villegas                 |           |                      |          |  |
| Printed name                     |           |                      |          |  |
| Geraci Law L.L.C.                |           |                      |          |  |
| Firm name                        |           |                      |          |  |
| 55 E. Monroe St., #3400          |           |                      |          |  |
| Number Street                    |           |                      |          |  |
|                                  |           |                      |          |  |
| Chicago                          | IL        | 60603                |          |  |
| City                             | State     | ZIP Code             |          |  |
| Contact Phone 312-332-1800       | Email add | dressndil@geracilaw. | com<br>- |  |
| 6313133                          | IL        |                      |          |  |
| Bar number                       | State     | <del></del>          |          |  |

| Fill in this in           | formation to identi  | fy your case:                     |                     |
|---------------------------|----------------------|-----------------------------------|---------------------|
| Debtor 1                  | Genesis              | Marie                             | Gonzalez            |
|                           | First Name           | Middle Name                       | Last Name           |
| Debtor 2                  |                      |                                   |                     |
| (Spouse, if filing)       | First Name           | Middle Name                       | Last Name           |
| United States             | Bankruptcy Court for | the : <u>NORTHERN</u> District of | ILLINOIS<br>(State) |
| Case Number<br>(If known) | -                    |                                   |                     |

## Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1: | Summarize Your Assets                                                                                                                                                                 |                                      |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
|         |                                                                                                                                                                                       | Your assets<br>Value of what you own |
|         | le A/B: Property (Official Form 106A/B) y line 55, Total real estate, from Schedule A/B                                                                                               | <u> </u>                             |
| 1b. Cop | y line 62, Total personal property, from Schedule A/B                                                                                                                                 | \$ 13,078                            |
| 1c. Cop | y line 63, Total of all property on <i>Schedule A/B</i>                                                                                                                               | \$ 13,078                            |
| Part 2: | Summarize Your Liabilities                                                                                                                                                            |                                      |
|         |                                                                                                                                                                                       | Your liabilities<br>Amount you owe   |
|         | le D: Creditors Who Have Claims Secured by Property (Official Form 106D)  y the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$13,557                             |
|         | te E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  y the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$0                                  |
| 3b. Cop | y the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                            | \$80,570                             |
|         |                                                                                                                                                                                       |                                      |
| Part 3: | Summarize Your Liabilities                                                                                                                                                            |                                      |
|         | le I: Your Income (Official Form 106I) our combined monthly income from line 12 of Schedule I                                                                                         | \$1,451.92                           |
|         | le J: Your Expenses (Official Form 106J) our monthly expenses from line 22c of Schedule J                                                                                             | \$1,434.00                           |

Case 17-11677 Doc 1 Entered 04/13/17 11:08:52 Desc Main Filed 04/13/17 Page 9 of 60

Document Gonzalez Genesis Marie Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name

| Part 4: Answer These Questions for Administrative and Statistical Records                                                                                                                                                                                                                                                                                                                                                                                                                      |              |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|--|--|--|
| Are you filing for bankruptcy under Chapter 7, 11 or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  Yes                                                                                                                                                                                                                                                                                            |              |  |  |  |  |
| <ul> <li>7. What kind of debt do you have?</li> <li>Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.</li> <li>Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.</li> </ul> |              |  |  |  |  |
| 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. \$1,356.                                                                                                                                                                                                                                                                                                       |              |  |  |  |  |
| 9. Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :                                                                                                                                                                                                                                                                                                                                                                                                | Total claim  |  |  |  |  |
| From Part 4 of Schedule E/F, copy the following:                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |  |  |  |  |
| 9a. Domestic support obligations (Copy line 6a.)                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$_0.00      |  |  |  |  |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                                                                                                                                                                                                                                                                                                                                                                                      | \$_0.00      |  |  |  |  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                                                                                                                                                                                                                                                                                                                                                                                            | \$_0.00      |  |  |  |  |
| 9d. Student loans. (Copy line 6f.)                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$ 53,250.00 |  |  |  |  |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)                                                                                                                                                                                                                                                                                                                                                                   | \$_0.00      |  |  |  |  |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                                                                                                                                                                                                                                                                                                                                                                                         | \$_0.00      |  |  |  |  |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$_53,250.00 |  |  |  |  |

|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7 11677 Doc 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        | Entered 04/13/17 11:                                                                                               | 08:52 De:                                  | sc Main                                                                                                                                |
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| Fill in this in                                                     | formation to ide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ntify your case and this fili                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ng:                                                                                    | 0 of 60                                                                                                            |                                            |                                                                                                                                        |
| Debtor 1                                                            | Genesis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Marie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Gonzalez                                                                               |                                                                                                                    |                                            |                                                                                                                                        |
|                                                                     | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                                                              |                                                                                                                    |                                            |                                                                                                                                        |
| Debtor 2<br>(Spouse, if filing)                                     | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                                                              |                                                                                                                    |                                            |                                                                                                                                        |
| United States                                                       | Bankruptcy Court f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | or the : <u>NORTHERN</u> Distric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        |                                                                                                                    |                                            |                                                                                                                                        |
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| (If known)                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |                                                                                                                    |                                            | amended filing                                                                                                                         |
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| ategory where<br>esponsible for<br>ages, write you                  | you think it fits<br>supplying corre<br>ur name and cas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | best. Be as complete and a<br>ct information. If more spa<br>se number (if known). Answ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | accurate as possible. If two m<br>ce is needed, attach a separa<br>ver every question. | fits in more than one category, list arried people are filing together, bot te sheet to this form. On the top of a | th are equally                             |                                                                                                                                        |
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | any residence building lane                                                            |                                                                                                                    |                                            |                                                                                                                                        |
| No. Yes.                                                            | Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | any residence, building, land our entries fro Part 1, includii                         |                                                                                                                    |                                            |                                                                                                                                        |
| you have at                                                         | tached for Part                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1. Write that number here .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                        |                                                                                                                    | >                                          | \$0.00                                                                                                                                 |
| Part 2:                                                             | Describe Your Vel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | hicles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |                                                                                                                    |                                            |                                                                                                                                        |
| you own that so  03. Cars, vans  No.  Yes.  N  A  C  O4. Watercraft | Describe Describe Idake: Idodel: Idear: I | Jeep Compass 2014 65,000 homes, ATVs and other recepts, and separate the separate t | so report it on Schedule G: Ex                                                         | th C Cu ly en s and another \$_ unity property (see                                                                | o not deduct secured as amount of any secu | claims or exemptions. Put ured claims on Schedule D: laims Secured by Property  Current value of the portion you own?  .00 \$ 8,258.00 |
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | portion you own for all of yo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | our entries fro Part 2, includir                                                       | ng any entries for pages                                                                                           |                                            | \$ 8,258.00                                                                                                                            |
| you have at                                                         | tached for Part 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2. Write that number here .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                        | <b>&gt;</b>                                                                                                        |                                            | Ψ 0,200.00                                                                                                                             |
| Part 3:                                                             | Describe Your Pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | rsonal and Household Items                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        |                                                                                                                    |                                            |                                                                                                                                        |
| Do you own or                                                       | have any legal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | or equitable interest in any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | of the following items?                                                                |                                                                                                                    |                                            | Current value of the portion you own?  Do not deduct secured claims or exemptions                                                      |
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nishings<br>Turniture, linens, china, kitchenwa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | are                                                                                    |                                                                                                                    |                                            |                                                                                                                                        |
| Yes.                                                                | Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Couch, linens, bed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                        |                                                                                                                    | \$200                                      | \$ <u>200.00</u>                                                                                                                       |

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Middle Name

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| 07.            | Electronics                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |
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|                | Examples: Televisions ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | d radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
|                | collections; electronic de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ices including cell phones, cameras, media players, games                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    |
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|                | Yes. Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                                                                  |
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|                | Callactibles of value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | φσσσ.σσ                                                                                            |
| 08.            | Collectibles of value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |
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| 10             | Firearms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |
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| 12             | Jewelry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |
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| 13             | No. Yes. Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ <u>100.0</u> 0                                                                                  |
| 13.            | No. Yes. Describe  Non-farm animals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Everyday jewelry, costume jewelry \$100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$ <u>100.0</u> 0                                                                                  |
| 13.            | No. Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Everyday jewelry, costume jewelry \$100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$ <u>100.0</u> 0                                                                                  |
| 13.            | No. Yes. Describe  Non-farm animals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Everyday jewelry, costume jewelry \$100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$ <u>100.0</u> 0                                                                                  |
| 13.            | No. Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Everyday jewelry, costume jewelry \$100  ds, horses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$ <u>100.0</u> 0                                                                                  |
| 13.            | No.  Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Everyday jewelry, costume jewelry \$100  ds, horses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$ <u>100.0</u> 0                                                                                  |
|                | No.  Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi  No.  Yes. Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Everyday jewelry, costume jewelry \$100  ds, horses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ]                                                                                                  |
|                | No.  Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi  No.  Yes. Describe  Any other personal an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Everyday jewelry, costume jewelry \$100  ds, horses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ]                                                                                                  |
|                | No.  Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi  No.  Yes. Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Everyday jewelry, costume jewelry \$100  ds, horses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ]                                                                                                  |
|                | No.  Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi  No.  Yes. Describe  Any other personal an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Everyday jewelry, costume jewelry  ds, horses  d household items you did not already list, including any health aids you did not list                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ]                                                                                                  |
|                | No.  Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi  No.  Yes. Describe  Any other personal an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Everyday jewelry, costume jewelry  ds, horses  d household items you did not already list, including any health aids you did not list                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ]                                                                                                  |
|                | No.  Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi  No.  Yes. Describe  Any other personal an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Everyday jewelry, costume jewelry  ds, horses  d household items you did not already list, including any health aids you did not list                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ]                                                                                                  |
| 14.            | No.  Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi  No.  Yes. Describe  Any other personal an  No.  Yes. Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Everyday jewelry, costume jewelry  ds, horses  d household items you did not already list, including any health aids you did not list  Books, CDs, DVDs & Family Photos  \$20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$ <u>0.00</u>                                                                                     |
| <b>14.</b>     | No.  Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi  No.  Yes. Describe  Any other personal an  No.  Yes. Describe  Add the dollar value of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Everyday jewelry, costume jewelry  ds, horses  d household items you did not already list, including any health aids you did not list  Books, CDs, DVDs & Family Photos  \$20  all of your entries from Part 3, including any entries for pages you have attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$ <u>0.00</u>                                                                                     |
| <b>14.</b>     | No.  Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi  No.  Yes. Describe  Any other personal an  No.  Yes. Describe  Add the dollar value of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Everyday jewelry, costume jewelry  ds, horses  d household items you did not already list, including any health aids you did not list  Books, CDs, DVDs & Family Photos  \$20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$0.00<br>\$20.00                                                                                  |
| <b>14.</b>     | No.  Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi  No.  Yes. Describe  Any other personal an  No.  Yes. Describe  Add the dollar value of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Everyday jewelry, costume jewelry  ds, horses  d household items you did not already list, including any health aids you did not list  Books, CDs, DVDs & Family Photos  \$20  all of your entries from Part 3, including any entries for pages you have attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$0.00<br>\$20.00                                                                                  |
| <b>14.</b> 15. | No. Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi No. Yes. Describe  Any other personal an No. Yes. Describe  Add the dollar value of for Part 3. Write that n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Everyday jewelry, costume jewelry  ds, horses  d household items you did not already list, including any health aids you did not list  Books, CDs, DVDs & Family Photos  \$20  all of your entries from Part 3, including any entries for pages you have attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$0.00<br>\$20.00                                                                                  |
| <b>14.</b> 15. | No.  Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi  No.  Yes. Describe  Any other personal an  No.  Yes. Describe  Add the dollar value of or Part 3. Write that n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Everyday jewelry, costume jewelry  ds, horses  d household items you did not already list, including any health aids you did not list  Books, CDs, DVDs & Family Photos  \$20  all of your entries from Part 3, including any entries for pages you have attached umber here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$0.00<br>\$20.00                                                                                  |
| 15.            | No. Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi No. Yes. Describe  Any other personal an No. Yes. Describe  Add the dollar value of for Part 3. Write that n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Everyday jewelry, costume jewelry  ds, horses  d household items you did not already list, including any health aids you did not list  Books, CDs, DVDs & Family Photos  \$20  all of your entries from Part 3, including any entries for pages you have attached umber here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$0.00<br>\$20.00                                                                                  |
| 15.            | No. Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi No. Yes. Describe  Any other personal an No. Yes. Describe  Add the dollar value of for Part 3. Write that n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Everyday jewelry, costume jewelry  ds, horses  d household items you did not already list, including any health aids you did not list  Books, CDs, DVDs & Family Photos  \$20  all of your entries from Part 3, including any entries for pages you have attached umber here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$0.00 \$\$20.00 \$1,320.00                                                                        |
| 14.<br>15.     | No. Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi No. Yes. Describe  Any other personal an No. Yes. Describe  Add the dollar value of for Part 3. Write that n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Everyday jewelry, costume jewelry  ds, horses  d household items you did not already list, including any health aids you did not list  Books, CDs, DVDs & Family Photos  \$20  all of your entries from Part 3, including any entries for pages you have attached umber here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$ 0.00  \$ 20.00  \$1,320.00  Current value of the portion you own?                               |
| 15.            | No. Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi No. Yes. Describe  Any other personal an No. Yes. Describe  Add the dollar value of for Part 3. Write that n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Everyday jewelry, costume jewelry  ds, horses  d household items you did not already list, including any health aids you did not list  Books, CDs, DVDs & Family Photos  \$20  all of your entries from Part 3, including any entries for pages you have attached umber here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$ 0.00  \$ 20.00  \$1,320.00  Current value of the portion you own?  Do not deduct secured claims |
| 14.            | No. Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi No. Yes. Describe  Any other personal an No. Yes. Describe  Add the dollar value of for Part 3. Write that n  Describe You you own or have any let                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Everyday jewelry, costume jewelry  ds, horses  d household items you did not already list, including any health aids you did not list  Books, CDs, DVDs & Family Photos  \$20  all of your entries from Part 3, including any entries for pages you have attached umber here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$ 0.00  \$ 20.00  \$1,320.00  Current value of the portion you own?                               |
| 14.            | No. Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi No. Yes. Describe  Any other personal an No. Yes. Describe  Add the dollar value of for Part 3. Write that n  Describe You  you own or have any leading to the control of the c | Everyday jewelry, costume jewelry  ds, horses  dhousehold items you did not already list, including any health aids you did not list  Books, CDs, DVDs & Family Photos  s20  all of your entries from Part 3, including any entries for pages you have attached umber here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$ 0.00  \$ 20.00  \$1,320.00  Current value of the portion you own?  Do not deduct secured claims |
| 14.            | No. Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi No. Yes. Describe  Any other personal an No. Yes. Describe  Add the dollar value of for Part 3. Write that n  Describe You  you own or have any leading to the control of the c | Everyday jewelry, costume jewelry  ds, horses  d household items you did not already list, including any health aids you did not list  Books, CDs, DVDs & Family Photos  \$20  all of your entries from Part 3, including any entries for pages you have attached umber here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$ 0.00  \$ 20.00  \$1,320.00  Current value of the portion you own?  Do not deduct secured claims |
| 14.            | No. Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi No. Yes. Describe  Any other personal an No. Yes. Describe  Add the dollar value of for Part 3. Write that n  Describe You  you own or have any leading to the control of the c | Everyday jewelry, costume jewelry  ds, horses  dhousehold items you did not already list, including any health aids you did not list  Books, CDs, DVDs & Family Photos  s20  all of your entries from Part 3, including any entries for pages you have attached umber here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$ 0.00  \$ 20.00  \$1,320.00  Current value of the portion you own?  Do not deduct secured claims |
| 14.            | No.  Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi  No.  Yes. Describe  Any other personal an  No.  Yes. Describe  Add the dollar value of for Part 3. Write that n  Describe You  you own or have any letter than the control of | Everyday jewelry, costume jewelry  ds, horses  dhousehold items you did not already list, including any health aids you did not list  Books, CDs, DVDs & Family Photos  all of your entries from Part 3, including any entries for pages you have attached umber here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$ 0.00  \$ 20.00  \$1,320.00  Current value of the portion you own?  Do not deduct secured claims |
| 14.            | No. Yes. Describe  Non-farm animals  Examples: Dogs, cats, bi No. Yes. Describe  Any other personal an No. Yes. Describe  Add the dollar value of for Part 3. Write that n  Describe You you own or have any le                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Everyday jewelry, costume jewelry  ds, horses  dhousehold items you did not already list, including any health aids you did not list  Books, CDs, DVDs & Family Photos  all of your entries from Part 3, including any entries for pages you have attached umber here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$                                                                                                 |

Genesis Case 17-11677 Doc 1 Debtor 1

Desc Main

Middle Name

Filed 04/13/17
Conzalez
Description
Last Name
Filed 04/13/17

Entered 04/13/17 11:08:52 Page 12 of 60 umber (if known)

| 17. | Deposits of  | f money             |                                   |                                                                           |            |                  |
|-----|--------------|---------------------|-----------------------------------|---------------------------------------------------------------------------|------------|------------------|
|     | Examples: (  | Checking, savings   | , or other financial accounts; co | ertificates of deposit; shares in credit unions, brokerage houses,        |            |                  |
|     | and other si | milar institutions. | If you have multiple accounts v   | ith the same institution, list each.                                      |            |                  |
|     | No.          |                     |                                   |                                                                           |            |                  |
|     | Yes.         | Describe            | Account Type:                     | Institution name:                                                         |            |                  |
|     | 103.         | Describe            | Checking Account                  | Chase Bank                                                                | ¢          | 3,500.00         |
|     |              |                     | Checking Account                  | Chase Bank                                                                |            |                  |
|     |              |                     |                                   |                                                                           | \$         | <u>3,500.0</u> 0 |
| 18. | Bonds, mu    | tual funds, or p    | ublicly traded stocks             |                                                                           |            |                  |
|     | Examples: I  | Bond funds, invest  | tment accounts with brokerage     | firms, money market accounts                                              |            |                  |
|     | No.          |                     |                                   |                                                                           |            |                  |
|     | <b>=</b>     | December            | Institution or issuer name:       |                                                                           |            |                  |
|     | Yes.         | Describe            | Institution or issuer name:       |                                                                           |            |                  |
|     |              |                     |                                   |                                                                           | \$         | 0.00             |
| 19. | Non-public   | ly traded stock     | and interests in incorpor         | ated and unincorporated businesses, including an interest in              |            |                  |
|     | No.          |                     |                                   |                                                                           |            |                  |
|     | Yes.         | Describe            | Name of Entity and Perce          | nt of Ownershin:                                                          |            |                  |
|     | 165.         | Describe            | Name of Entity and 1 cree         | it of Ownership.                                                          | •          | 0.00             |
|     | _            |                     |                                   |                                                                           | \$         | 0.00             |
| 20. | Governmen    | nt and corporat     | e bonds and other negotia         | ble and non-negotiable instruments                                        |            |                  |
|     | Negotiable i | instruments includ  | le personal checks, cashiers' c   | necks, promissory notes, and money orders.                                |            |                  |
|     | Non-negotia  | able instruments a  | re those you cannot transfer to   | someone by signing or delivering them.                                    |            |                  |
|     | No.          |                     |                                   |                                                                           |            |                  |
|     | Yes.         | Describe            | Issuer name:                      |                                                                           |            |                  |
|     |              | Describe            | iodadi ilame.                     |                                                                           | \$         | 0.00             |
|     |              |                     |                                   |                                                                           | Ψ          |                  |
| 21. |              | or pension acc      |                                   |                                                                           |            |                  |
|     | Examples: I  | nterests in IRA, E  | RISA, Keogh, 401(k), 403(b), t    | nrift savings accounts, or other pension or profit-sharing plans          |            |                  |
|     | No.          |                     |                                   |                                                                           |            |                  |
|     | Yes.         | Describe            | Type of account and Instit        | ution name:                                                               |            |                  |
|     |              |                     |                                   |                                                                           | \$         | 0.00             |
| 22  | Socurity do  | nocite and pro      | navmonte                          |                                                                           | ¥          |                  |
| 22. | -            | posits and pre      |                                   |                                                                           |            |                  |
|     |              |                     |                                   | u may continue service or use from a company                              |            |                  |
|     |              | agreements with it  | andiords, prepaid rent, public u  | tilities (electric, gas, water), telecommunications                       |            |                  |
|     | No.          |                     |                                   |                                                                           |            |                  |
|     | Yes.         | Describe            | Institution name or individ       | ual:                                                                      |            |                  |
|     | <u> </u>     |                     |                                   |                                                                           | \$         | 0.00             |
| 23. | Annuities (  | A contract for a    | a periodic payment of mor         | ey to you, either for life or for a number of years)                      |            |                  |
|     | ·            |                     | a porroure pujinent et me.        | of to you, claim to mo or not a manner or yours,                          |            |                  |
|     | No.          |                     |                                   |                                                                           |            |                  |
|     | Yes.         | Describe            | Issuer name and descripti         | on:                                                                       |            |                  |
|     |              |                     |                                   |                                                                           | \$         | 0.00             |
| 24. | Interests in | an education l      | RA. in an account in a qu         | alified ABLE program, or under a qualified state tuition program.         |            |                  |
|     |              |                     | (b), and 529(b)(1).               | r . g . ,                                                                 |            |                  |
|     | No.          | 0 (-)( ),           | (-), (-),                         |                                                                           |            |                  |
|     | INO.         |                     |                                   |                                                                           |            |                  |
|     | Yes.         | Describe            | Institution name and desc         | ription. Separately file the records of any interests.11 U.S.C. § 521(c): |            |                  |
|     |              |                     |                                   |                                                                           | \$         | 0.00             |
| 25. | Trusts, equ  | itable or future    | interests in property (oth        | er than anything listed in line 1), and rights or powers                  |            |                  |
|     | No.          |                     |                                   |                                                                           |            |                  |
|     | <b>=</b>     | December            |                                   |                                                                           |            |                  |
|     | Yes.         | Describe            |                                   |                                                                           |            |                  |
|     |              |                     |                                   |                                                                           |            | 0.00             |
| 26. | Patents, co  | pyrights, trade     | marks, trade secrets, and         | other intellectual property                                               |            |                  |
|     | Examples: I  | nternet domain na   | ames, websites, proceeds from     | royalties and licensing agreements                                        |            |                  |
|     | No.          |                     |                                   |                                                                           |            |                  |
|     | Vac          | Describe            |                                   |                                                                           |            |                  |
|     | Yes.         | กรอบเทร             |                                   |                                                                           | _          | 0.00             |
|     |              |                     |                                   |                                                                           | \$ <u></u> | 0.00             |
| 27. | -            | -                   | other general intangibles         |                                                                           |            |                  |
|     | Examples: E  | Building permits, e | exclusive licenses, cooperative   | association holdings, liquor licenses, professional licenses              |            |                  |
|     | No.          |                     |                                   |                                                                           |            |                  |
|     | Yes.         | Describe            |                                   |                                                                           |            |                  |
|     | <b>_</b>     | 2000.100            |                                   |                                                                           | •          | 0.00             |
|     |              |                     |                                   |                                                                           | <u> </u>   | 0.00             |

Genesis Case 17-11677 Debtor 1

Doc 1

Filed 04/13/17
Conzalez
Description
Last Name
Filed 04/13/17

Entered 04/13/17 11:08:52 Page 13 of 60 umber (if known)

Desc Main

Middle Name

| Мо  | ney or property owed to you?                                                                                                                                                                                                                 | Current value of the portion you own? Do not deduct secured claims or exemptions |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 28. | Tax refunds owed to you                                                                                                                                                                                                                      |                                                                                  |
|     | No.  Yes. Describe                                                                                                                                                                                                                           | \$ 0.00                                                                          |
| 29. | Family support  Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement  No.                                                                                            |                                                                                  |
|     | Yes. Describe                                                                                                                                                                                                                                | \$ 0.00                                                                          |
| 30. | Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation,  Social Security benefits; unpaid loans you made to someone else  No.             | •                                                                                |
|     | Yes. Describe                                                                                                                                                                                                                                | s 0.00                                                                           |
| 31. | Interest in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No. Company Name & Beneficiary:                                                   | · · ·                                                                            |
|     | Yes. Describe                                                                                                                                                                                                                                | s 0.00                                                                           |
| 32. | Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  No. | <u> </u>                                                                         |
|     | Yes. Describe                                                                                                                                                                                                                                | s 0.00                                                                           |
| 33. | Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment  Examples: Accidents, employment disputes, insurance claims, or rights to sue  No.                                                        | <u> </u>                                                                         |
|     | Yes. Describe                                                                                                                                                                                                                                | s 0.00                                                                           |
| 34. | Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights  No.                                                                                                                              | <u> </u>                                                                         |
|     | Yes. Describe                                                                                                                                                                                                                                | \$ 0.00                                                                          |
| 35. | Any financial assets you did not already list                                                                                                                                                                                                |                                                                                  |
|     | No.  Yes. Describe                                                                                                                                                                                                                           | \$0. <u>0</u> 0                                                                  |
| 36. | Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached                                                                                                                                   |                                                                                  |
|     | for Part 4. Write that number here>                                                                                                                                                                                                          | \$3,500.00                                                                       |
|     | Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.                                                                                                                                       |                                                                                  |
| 37. | Do you own or have any legal or equitable interest in any business-related property?  No.                                                                                                                                                    |                                                                                  |
|     | Yes.                                                                                                                                                                                                                                         | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38. | Accounts receivable or commissions you already earned                                                                                                                                                                                        |                                                                                  |
|     | Yes. Describe                                                                                                                                                                                                                                | \$ <u>0.0</u> 0                                                                  |

Genesis Case 17-11677 Doc 1

Filed 04/13/17

Conzalez

Document

Filed 04/13/17

Filed 04/13/17 Entered 04/13/17 11:08:52 Page 14 of 60 umber (if known) Desc Main Middle Name

|                    | -                                                                                                                             | -                                                                                                                                        | ngs, and supplies                                                                                                              |                      |                      |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|                    | No.                                                                                                                           | Business-related c                                                                                                                       | omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices               |                      |                      |
|                    | Yes.                                                                                                                          | Describe                                                                                                                                 |                                                                                                                                |                      |                      |
|                    |                                                                                                                               | <b>6</b> . <b>4</b>                                                                                                                      |                                                                                                                                | \$                   | 0.00                 |
| 40.                | Machinery<br>No.                                                                                                              | , fixtures, equip                                                                                                                        | ment, supplies you use in business, and tools of your trade                                                                    |                      |                      |
|                    | Yes.                                                                                                                          | Describe                                                                                                                                 |                                                                                                                                |                      |                      |
|                    | _                                                                                                                             |                                                                                                                                          |                                                                                                                                | \$                   | 0.00                 |
| 41.                | Inventory                                                                                                                     |                                                                                                                                          |                                                                                                                                |                      |                      |
|                    | No.                                                                                                                           | Describe                                                                                                                                 |                                                                                                                                |                      |                      |
|                    | 1 cs.                                                                                                                         | Describe                                                                                                                                 |                                                                                                                                | \$                   | 0.00                 |
| 42.                |                                                                                                                               | n partnerships o                                                                                                                         |                                                                                                                                |                      |                      |
|                    | No.                                                                                                                           | D                                                                                                                                        | Name of Entity and Percent of Ownership:                                                                                       |                      |                      |
|                    | Yes.                                                                                                                          | Describe                                                                                                                                 |                                                                                                                                | \$                   | 0.00                 |
| 43.                | Customer                                                                                                                      | lists, mailing lis                                                                                                                       | ts, or other compilations                                                                                                      |                      |                      |
|                    | No.                                                                                                                           |                                                                                                                                          |                                                                                                                                |                      |                      |
|                    | Yes.                                                                                                                          | Describe                                                                                                                                 |                                                                                                                                | \$                   | 0.00                 |
| 44.                | Any busin                                                                                                                     | ess-related prop                                                                                                                         | erty you did not already list                                                                                                  | <u> </u>             |                      |
|                    | No.                                                                                                                           |                                                                                                                                          |                                                                                                                                |                      |                      |
|                    | Yes.                                                                                                                          | Describe                                                                                                                                 |                                                                                                                                | •                    | 0.00                 |
|                    |                                                                                                                               |                                                                                                                                          |                                                                                                                                | Φ                    | 0.00                 |
| 45.                | Add the do                                                                                                                    | ollar value of all                                                                                                                       | of your entries from Part 5, including any entries for pages you have attached                                                 |                      | 1                    |
| f                  | or Part 5.                                                                                                                    | Write that numb                                                                                                                          | er here>                                                                                                                       |                      | \$ 0.00              |
| Pi                 | art 6:                                                                                                                        | Describe Any Far                                                                                                                         | m- and Commercial Fishing-Related Property You Own or Have an Interest In.                                                     |                      |                      |
|                    |                                                                                                                               |                                                                                                                                          |                                                                                                                                |                      |                      |
|                    |                                                                                                                               |                                                                                                                                          | ve an interest in farmland, list it in Part 1.                                                                                 |                      |                      |
| 46.                | Do you ow                                                                                                                     |                                                                                                                                          | ve an interest in farmland, list it in Part 1.  gal or equitable interest in any farm- or commercial fishing-related property? |                      |                      |
| 46.                | No.                                                                                                                           | n or have any le                                                                                                                         |                                                                                                                                |                      |                      |
| 46.                | Do you ow                                                                                                                     |                                                                                                                                          |                                                                                                                                | \$                   | 0.00                 |
|                    | No. Yes.                                                                                                                      | Describe                                                                                                                                 | gal or equitable interest in any farm- or commercial fishing-related property?                                                 | \$                   | 0.00                 |
|                    | No. Yes.                                                                                                                      | on or have any le                                                                                                                        | gal or equitable interest in any farm- or commercial fishing-related property?                                                 | \$                   | 0.00                 |
|                    | No. Yes.  Farm anim Examples:                                                                                                 | Describe                                                                                                                                 | gal or equitable interest in any farm- or commercial fishing-related property?                                                 | \$                   | 0.00                 |
| 47.                | No. Yes.  Farm anim Examples: No. Yes.                                                                                        | Describe  Describe  nals Livestock, poultry,  Describe                                                                                   | gal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish                               | \$<br>\$             | 0.00                 |
| 47.                | Do you ow No. Yes. Farm anim Examples: No. Yes.                                                                               | Describe  nals Livestock, poultry,                                                                                                       | gal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish                               | \$<br>\$             |                      |
| 47.                | No. Yes.  Farm anim Examples: No. Yes.                                                                                        | Describe  Describe  Describe  Describe  Describe                                                                                         | gal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish                               | \$<br>\$             |                      |
| 47.                | No.  Farm anim Examples: No.  Yes.  Crops—eif No.  Yes.                                                                       | Describe  Describe  Describe  Describe                                                                                                   | gal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish  harvested                    | \$<br>\$             |                      |
| 47.                | No.  Farm anim Examples: No.  Yes.  Crops—eit No.  Yes.                                                                       | Describe  Describe  Describe  Describe                                                                                                   | gal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish                               | \$<br>\$             | 0.00                 |
| 47.                | Do you ow No. Yes.  Farm anim Examples: No. Yes.  Crops—eif No. Yes.                                                          | Describe  Describe  Describe  Describe  ther growing or  Describe  fishing equipme                                                       | gal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish  harvested                    | \$<br>\$             | 0.00                 |
| 47.                | No.  Farm anim Examples: No.  Yes.  Crops—eit No.  Yes.                                                                       | Describe  Describe  Describe  Describe                                                                                                   | gal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish  harvested                    | \$<br>\$<br>\$       | 0.00                 |
| 48.                | Do you ow No. Yes.  Farm anim Examples: No. Yes.  Crops—eit No. Yes.  Farm and the No. Yes.                                   | Describe  Describe  Describe  Describe  ther growing or  Describe  fishing equipme                                                       | gal or equitable interest in any farm- or commercial fishing-related property?  farm-raised fish  harvested                    | \$\$<br>\$\$         | 0.00                 |
| 48.                | Do you ow No. Yes.  Farm anim Examples: No. Yes.  Crops—eit No. Yes.  Farm and the No. Yes.  Farm and the No. No.             | Describe  Describe  Describe  Describe  ther growing or  Describe  fishing equipme  Describe  fishing supplies                           | farm-raised fish  harvested  nt, implements, machinery, fixtures, and tools of trade                                           | \$<br>\$<br>\$       | 0.00                 |
| 48.                | Do you ow No. Yes.  Farm anim Examples: No. Yes.  Crops—eit No. Yes.  Farm and the No. Yes.                                   | Describe  Describe  Describe  Describe  ther growing or  Describe  fishing equipme                                                       | farm-raised fish  harvested  nt, implements, machinery, fixtures, and tools of trade                                           | \$<br>\$<br>\$       | 0.00                 |
| 48. 49. 1          | Do you ow No. Yes.  Farm anim Examples: No. Yes.  Crops—eif No. Yes.  Farm and the No. Yes.  Farm and the No. Yes.            | Describe  Describe  Describe  Describe  ther growing or  Describe  fishing equipme  Describe  fishing supplies  Describe                 | farm-raised fish  harvested  nt, implements, machinery, fixtures, and tools of trade                                           | \$\$<br>\$\$<br>\$   | 0.00<br>0.00         |
| 48. 49. 1          | Do you ow No. Yes.  Farm anim Examples: No. Yes.  Crops—eif No. Yes.  Farm and farm and farm- No. Yes.  Any farm-             | Describe  Describe  Describe  Describe  ther growing or  Describe  fishing equipme  Describe  fishing supplies  Describe  and commercial | farm-raised fish  harvested  nt, implements, machinery, fixtures, and tools of trade  , chemicals, and feed                    | \$<br>\$<br>\$       | 0.00<br>0.00         |
| 48. 49. 1          | Do you ow No. Yes.  Farm anim Examples: No. Yes.  Crops—eit No. Yes.  Farm and the No. Yes.  Farm and the No. Yes.  Any farm- | Describe  Describe  Describe  Describe  ther growing or  Describe  fishing equipme  Describe  fishing supplies  Describe                 | farm-raised fish  harvested  nt, implements, machinery, fixtures, and tools of trade  , chemicals, and feed                    | \$<br>\$             | 0.00<br>0.00<br>0.00 |
| 48. 49. 1          | Do you ow No. Yes.  Farm anim Examples: No. Yes.  Crops—eif No. Yes.  Farm and farm and farm- No. Yes.  Any farm-             | Describe  Describe  Describe  Describe  ther growing or  Describe  fishing equipme  Describe  fishing supplies  Describe  and commercial | farm-raised fish  harvested  nt, implements, machinery, fixtures, and tools of trade  , chemicals, and feed                    | \$\$<br>\$\$<br>\$\$ | 0.00<br>0.00         |
| 48. 49. 1<br>50. 1 | Do you ow No. Yes.  Farm anim Examples: No. Yes.  Crops—eif No. Yes.  Farm and farm and farm No. Yes.  Any farm- Add the do   | Describe  Describe  Describe  ther growing or  Describe  fishing equipme  Describe  fishing supplies  Describe  and commercial  Describe | farm-raised fish  harvested  nt, implements, machinery, fixtures, and tools of trade  , chemicals, and feed                    | \$<br>\$             | 0.00<br>0.00<br>0.00 |

Case 17-11677

63. Total of all property on Schedule A/B. Add line 55 + line 62

Doc 1

Filed 04/13/17

Entered 04/13/17 11:08:52 Page 15 of 60 bumber (if known)

Desc Main

\$13,078.00

<del>Döcüment</del>

Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. Describe..... Yes. 0.00 \$0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... --> List the Totals of Each Part of this Form Part 8: \$ 0.00 55. Part 1: Total real estate, line 2 \$8,258.00 56. Part 2: Total vehicles, line 5 \$ 1,320.00 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 \$ 3,500.00 59. Part 5: Total business-related property, line 45 \$ 0.00 \$ 0.00 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 \$ 0.00 \$ 13,078.00 \$ 13,078.00 62. Total personal property. Add lines 56 through 61. .....

Record # 742538 Official Form 106A/B Page 6 of 6 Schedule A/B: Property

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main

| Fill in this in     | Fill in this information to identify your case: |                                    |                 |  |  |  |  |
|---------------------|-------------------------------------------------|------------------------------------|-----------------|--|--|--|--|
| Debtor 1            | Genesis                                         | Marie                              | Gonzalez        |  |  |  |  |
|                     | First Name                                      | Middle Name                        | Last Name       |  |  |  |  |
| Debtor 2            |                                                 |                                    |                 |  |  |  |  |
| (Spouse, if filing) | First Name                                      | Middle Name                        | Last Name       |  |  |  |  |
| United States       | Bankruptcy Court for th                         | ne : <u>NORTHERN</u> District of _ | ILLINOIS(State) |  |  |  |  |
| Case Number         | r                                               |                                    | (State)         |  |  |  |  |
| (If known)          |                                                 |                                    |                 |  |  |  |  |

## Official Form 106C

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| . Which set of exe      | emptions are you claiming? Check                       | k one only, even if your spo         | ouse is filing with you.                                        |                                      |
|-------------------------|--------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------|--------------------------------------|
| =                       | ming state and federal nonbankrupt                     |                                      | § 522(b)(3)                                                     |                                      |
| You are clair           | ming federal exemptions. 11 U.S.C.                     | § 522(b)(2)                          |                                                                 |                                      |
| 2. For any property     | y you list on <i>Schedule A/B</i> that yo              | ou claim as exempt, fill in t        | the information below.                                          |                                      |
| •                       | on of the property and line on hat lists this property | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption   |
|                         |                                                        | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                      |
| Brief description:      | 2014 Jeep Compass with over<br>65,000 miles            | \$ <u>8,258</u>                      | \$ _2,400                                                       | 735 ILCS 5/12-1001(c) - \$2,400.00   |
| Line from Schedule A/B: | 03                                                     |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief description:      | Couch, linens, bed                                     | \$ 200                               | <b></b> \$                                                      | 735 ILCS 5/12-1001(b) - \$200.00     |
| Line from Schedule A/B: | 06                                                     |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief<br>description:   | Flat screen TV, computer, gaming system, cell phone    | \$_800                               | \$_300                                                          | 735 ILCS 5/12-1001(b) - \$300.00     |
| Line from Schedule A/B: | 07                                                     |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief<br>description:   | Everyday clothes, shoes, accessories                   | \$_200                               | <b></b>                                                         | 735 ILCS 5/12-1001(a),(e) - \$200.00 |
| Line from Schedule A/B: | 11                                                     |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
| Official Form 106C      | Record # 742538                                        | Schedule C: T                        | he Property You Claim as Exempt                                 | Page 1 of 2                          |

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main

Debtor 1 Genesis

Marie Middle Name

Page 17 of 60 Case Number (if known)

Dogument Last Name

| Part 24 Additi          | ional Page                                             |                                      |                                                                 |                                      |
|-------------------------|--------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------|--------------------------------------|
| -                       | on of the property and line on hat lists this property | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption   |
|                         |                                                        | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                      |
| Brief description:      | Everyday jewelry, costume jewelry                      | \$ <u>100</u>                        | \$                                                              | 735 ILCS 5/12-1001(a),(e) - \$100.00 |
| Line from Schedule A/B: | 12                                                     |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief<br>description:   | Books, CDs, DVDs & Family<br>Photos                    | \$_ 20                               | <b></b> \$                                                      | 735 ILCS 5/12-1001(a) - \$20.00      |
| Line from Schedule A/B: | 14                                                     |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief description:      | Checking Account, Chase Bank, 3,500.00                 | \$_3,500                             | <u></u> \$                                                      | 735 ILCS 5/12-1001(b) - \$3,500.00   |
| Line from Schedule A/B: | <u>17</u>                                              |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| 3. Are you claimin      | g a homestead exemption of more                        | than \$155,675?                      |                                                                 |                                      |
| (Subject to adjus       | stment on 4/01/16 and every 3 years                    | s after that for cases filed o       | on or after the date of adjustment                              |                                      |
| No.                     | samone on 170 1710 and overy o your                    | o artor triat for odood mod o        | in or anor the date of adjustment ./                            |                                      |
| =                       |                                                        |                                      |                                                                 |                                      |
|                         | acquire the property covered by the                    | e exemption within 1,215 d           | days before you filed this case?                                |                                      |
| ∐ No                    |                                                        |                                      |                                                                 |                                      |
| ☐ Yes.                  |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
|                         |                                                        |                                      |                                                                 |                                      |
| Official Form 106C      | Record # 742538                                        | Schedule C: T                        | he Property You Claim as Exempt                                 | Page 2 of 2                          |

| Fill in this in      | Case 17<br>nformation to identi                                                      |                                                      | oc 1 - Eilod 04/12/17                                                                                                         | Entered 04/13/17<br>8 of 60       | 7 11:08:52                                            | Desc Main                                          |                                |
|----------------------|--------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------------------|--------------------------------|
| Debtor 1             | Genesis                                                                              | Marie                                                | Gonzalez                                                                                                                      |                                   |                                                       |                                                    |                                |
|                      | First Name                                                                           | Middle Name                                          | Last Name                                                                                                                     | -                                 |                                                       |                                                    |                                |
| Debtor 2             |                                                                                      |                                                      |                                                                                                                               | -                                 |                                                       |                                                    |                                |
| (Spouse, if filing)  | First Name                                                                           | Middle Name                                          | Last Name                                                                                                                     |                                   |                                                       |                                                    |                                |
| United States        | Bankruptcy Court for                                                                 | the : <u>NORTHERN</u>                                | _ District of _ILLINOIS                                                                                                       |                                   |                                                       |                                                    |                                |
| Case Numbe           | r                                                                                    |                                                      | (State)                                                                                                                       |                                   |                                                       | Check if this                                      | s is an                        |
| (If known)           |                                                                                      |                                                      |                                                                                                                               |                                   |                                                       | amended fil                                        | ing                            |
| Official F           | orm 106D                                                                             |                                                      |                                                                                                                               |                                   |                                                       |                                                    |                                |
| Schedule             | D: Creditor                                                                          | s Who Have                                           | Claims Secured by                                                                                                             | Property                          |                                                       |                                                    | 12/15                          |
| 1. Do any cre No. Ch | es, write your name editors have claims neck this box and suill in all of the inform | secured by your public this form to the ation below. | •                                                                                                                             | ou have nothing else to report    | on this form.                                         |                                                    |                                |
|                      |                                                                                      |                                                      |                                                                                                                               |                                   | Column A                                              | Column A                                           | Column C                       |
| for each o           | laim. If more than o                                                                 | one creditor has a p                                 | an one secured claim, list the credit<br>articular claim, list the other creditor<br>al order according to the creditors n    | s in Part 2.                      | Amount of claim Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim | Unsecured<br>portion<br>If any |
| 2.1 First Fi         | nancial Credit                                                                       |                                                      | Describe the property that secu                                                                                               | res the claim:                    | <b>\$</b> 13,557.00                                   | <b>\$</b> 8,258.00                                 | <b>\$</b> 5,299.00             |
| Creditor's           |                                                                                      |                                                      | 2014 Jeep Compass with over                                                                                                   | 65,000 miles                      | ]                                                     |                                                    |                                |
| 2942 W<br>Number     | / Peterson Ave<br>Street                                                             |                                                      |                                                                                                                               |                                   |                                                       |                                                    |                                |
| Number               | Gueet                                                                                |                                                      | As of the date you file, the claim                                                                                            | ie: Check all that apply          | ]                                                     |                                                    |                                |
|                      |                                                                                      |                                                      | Contingent                                                                                                                    | 113. Oncok ali tilat appry.       |                                                       |                                                    |                                |
| Chicag               | 0                                                                                    | IL 60659                                             | Unliquidated                                                                                                                  |                                   |                                                       |                                                    |                                |
| City                 |                                                                                      | State Zip Code                                       | Disputed                                                                                                                      |                                   |                                                       |                                                    |                                |
| Who owes             | s the debt? Check on                                                                 | e.                                                   | Nature of Lien. Check all that app                                                                                            | oly.                              |                                                       |                                                    |                                |
| Debtor               | •                                                                                    |                                                      | An agreement you made (such                                                                                                   | as mortgage or secured            |                                                       |                                                    |                                |
| ☐ Debtor             | -                                                                                    |                                                      | car loan)                                                                                                                     | maahaniala lian)                  |                                                       |                                                    |                                |
| =                    | 1 and Debtor 2 only tone of the debtors an                                           | d another                                            | Statutory lien (such as tax lien, l                                                                                           | mechanic's lien)                  |                                                       |                                                    |                                |
| <u> П</u> ли юаз     | tone of the debtors an                                                               | a another                                            | Other (including a right to offset                                                                                            | )                                 |                                                       |                                                    |                                |
|                      | if this claim relates                                                                | to a                                                 |                                                                                                                               | ,                                 |                                                       |                                                    |                                |
|                      | unity debt<br>t was incurred2                                                        | 2014-08-05                                           | Last 4 digits of account number                                                                                               | 0000                              |                                                       |                                                    |                                |
| Part 2:              | List Others to Be No                                                                 | otified for a Debt Tha                               | nt You Already Listed                                                                                                         |                                   |                                                       |                                                    |                                |
|                      |                                                                                      |                                                      |                                                                                                                               |                                   |                                                       |                                                    |                                |
| trying to collect    | t from you for a deb                                                                 | t you owe to someonts that you listed in             | out your bankruptcy for a debt that y<br>ne else, list the creditor in Part 1, and<br>Part 1, list the additional creditors h | d then list the collection agency | here. Similarly, if yo                                | u have more                                        |                                |
| mr art I             | , out or su                                                                          | uno pago                                             |                                                                                                                               |                                   |                                                       |                                                    |                                |

|                                                  |                                                        | Caso 17 11677                                                                                                                                                                                  | Doc 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Eilod                                                             | 04/12/17                                                                           | Entor                                     |                                                                                         | L:08:52 [                                                    | Desc Main          |                       |
|--------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------|-----------------------|
| Filli                                            | in this inf                                            | formation to identify your case                                                                                                                                                                | e:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                                                                                    |                                           | 9 of 60                                                                                 |                                                              |                    |                       |
| Deb                                              | tor 1                                                  | Genesis                                                                                                                                                                                        | Marie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   | Gonzalez                                                                           |                                           |                                                                                         |                                                              |                    |                       |
|                                                  |                                                        | First Name M                                                                                                                                                                                   | liddle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   | Last Name                                                                          |                                           |                                                                                         |                                                              |                    |                       |
|                                                  | tor 2                                                  |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                                    |                                           |                                                                                         |                                                              |                    |                       |
| (Spou                                            | ise, if filing)                                        | First Name M                                                                                                                                                                                   | liddle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   | Last Name                                                                          |                                           |                                                                                         |                                                              |                    |                       |
| Unit                                             | ed States I                                            | Bankruptcy Court for the : <u>NORT</u>                                                                                                                                                         | THERN Distr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ict of <u>ILLINOIS</u>                                            | (State)                                                                            |                                           |                                                                                         |                                                              |                    |                       |
|                                                  | e Number                                               |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   | (5.2.5)                                                                            |                                           |                                                                                         |                                                              | Check if           |                       |
|                                                  | nown)                                                  | 1005/5                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                                    |                                           |                                                                                         |                                                              | amended            | filing                |
| <u> </u>                                         | cial Fo                                                | orm 106E/F                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                                    |                                           |                                                                                         |                                                              |                    |                       |
| <b>ich</b> e                                     | dule                                                   | E/F: Creditors Who                                                                                                                                                                             | o Have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>Unsecur</u>                                                    | ed Claims                                                                          |                                           |                                                                                         |                                                              |                    | 12/15                 |
| ist the<br>I/B: Pr<br>redito<br>eeded<br>op of a | other paroperty (Cors with party), copy the any additi | and accurate as possible. Using arry to any executory contract official Form 106A/B) and on Sartially secured claims that are le Part you need, fill it out, nuitional pages, write your name. | ts or unexpires or unexpires or unexpires or content of the conten | ed leases that<br>Executory Co<br>chedule D: Cr<br>ries in the bo | t could result in a<br>entracts and Unex<br>editors Who Hav<br>xes on the left. At | a claim. Als<br>xpired Lea<br>re Claims S | so list executory contra<br>ses (Official Form 1060<br>Sec <i>ured by Property</i> . If | cts on <i>Schedule</i><br>6). Do not includ<br>more space is | •                  |                       |
| Part                                             | 111                                                    |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                                    |                                           |                                                                                         |                                                              |                    |                       |
| 1. Do                                            | -                                                      | ditors have priority unsecured                                                                                                                                                                 | i ciaims agai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nst you?                                                          |                                                                                    |                                           |                                                                                         |                                                              |                    |                       |
|                                                  |                                                        | to Part 2.                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                                    |                                           |                                                                                         |                                                              |                    |                       |
|                                                  | Yes.                                                   | our priority unsecured claims                                                                                                                                                                  | . If a creditor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | has more than                                                     | n one priority unse                                                                | ecured clai                               | m. list the creditor separ                                                              | ately for each cla                                           | nim. For           |                       |
| ea<br>no                                         | ch claim l<br>npriority a                              | listed, identify what type of clair<br>amounts. As much as possible,<br>claims, fill out the Continuation                                                                                      | m it is. If a cla<br>, list the claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | aim has both p<br>ns in alphabeti                                 | riority and nonpric<br>cal order accordin                                          | ority amou                                | nts, list that claim here a<br>editor's name. If you hav                                | nd show both pri<br>e more than two                          | ority and priority |                       |
| (Fo                                              | or an expl                                             | lanation of each type of claim,                                                                                                                                                                | see the instru                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | uctions for this                                                  | form in the instru                                                                 | ction book                                | et.)                                                                                    |                                                              | <b>-</b>           |                       |
|                                                  |                                                        |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                                    |                                           |                                                                                         | Total claim                                                  | Priority<br>amount | Nonpriority<br>amount |
| Part                                             | 2: L                                                   | ist All of Your NONPRIORITY U                                                                                                                                                                  | nsecured Cla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ims                                                               |                                                                                    |                                           |                                                                                         |                                                              |                    |                       |
| 3. <b>Do</b>                                     | any cred                                               | ditors have nonpriority unsecu                                                                                                                                                                 | ured claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | against you?                                                      |                                                                                    |                                           |                                                                                         |                                                              |                    |                       |
|                                                  | No. You                                                | u have nothing to report in this                                                                                                                                                               | part. Submit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | this form to th                                                   | e court with your                                                                  | other sche                                | dules.                                                                                  |                                                              |                    |                       |
|                                                  | Yes.                                                   |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                                    |                                           |                                                                                         |                                                              |                    |                       |
| no                                               | npriority ι                                            | our nonpriority unsecured cla<br>unsecured claim, list the credito<br>Part 1. If more than one credito                                                                                         | or separately                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | for each claim                                                    | . For each claim li                                                                | isted, iden                               | tify what type of claim it                                                              | s. Do not list clai                                          | ms already         |                       |
| cla                                              | ims fill ou                                            | ut the Continuation Page of Par                                                                                                                                                                | rt 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                                    |                                           |                                                                                         |                                                              |                    | Total claim           |
| 4.1                                              | CAP1/B                                                 | stby                                                                                                                                                                                           | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ast 4 digits of                                                   | account number _                                                                   | 1046                                      |                                                                                         |                                                              |                    | \$ <u>0.00</u>        |
|                                                  | Creditor's N                                           | <sub>Name</sub><br>I Riverwoods Blvd                                                                                                                                                           | v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | When was the o                                                    | lebt incurred?                                                                     | 2009                                      | -2013                                                                                   |                                                              |                    |                       |
|                                                  | Number                                                 | Street                                                                                                                                                                                         | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                                                                                    |                                           |                                                                                         |                                                              |                    |                       |
|                                                  |                                                        |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | As of the date y                                                  | ou file, the claim i                                                               | is: Check al                              | I that apply.                                                                           |                                                              |                    |                       |
|                                                  | Mettawa                                                | ı IL 6004                                                                                                                                                                                      | .5 F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Contingent                                                        |                                                                                    |                                           |                                                                                         |                                                              |                    |                       |
|                                                  | City                                                   | State Zip Co                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Unliquidated Disputed                                             |                                                                                    |                                           |                                                                                         |                                                              |                    |                       |
| W                                                | ho owes Debtor 1                                       | the debt? Check one.                                                                                                                                                                           | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Disputed                                                          |                                                                                    |                                           |                                                                                         |                                                              |                    |                       |
| Ī                                                | Debtor 2                                               | ·                                                                                                                                                                                              | Т                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ype of NONPR                                                      | IORITY unsecured                                                                   | d claim:                                  |                                                                                         |                                                              |                    |                       |
| Ī                                                | =                                                      | I and Debtor 2 only                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Student loans                                                     |                                                                                    |                                           |                                                                                         |                                                              |                    |                       |
| Ī                                                | At least                                               | one of the debtors and another                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Obligations a                                                     | rising out of a separa                                                             | ation agreen                              | nent or divorce                                                                         |                                                              |                    |                       |
|                                                  | _                                                      | if this claim relates to a                                                                                                                                                                     | г                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _ `                                                               | ot report as priority                                                              |                                           | ath an almost a district                                                                |                                                              |                    |                       |
| Is                                               |                                                        | inity debt<br>n subject to offest?                                                                                                                                                             | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Depts to pens                                                     | sion or profit-sharing                                                             | pians, and                                | outer similar dedts                                                                     |                                                              |                    |                       |
|                                                  | No                                                     |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other. Specif                                                     | y Credit Card o                                                                    | r Credit Us                               | se                                                                                      |                                                              |                    |                       |
|                                                  | Yes                                                    |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                                    |                                           |                                                                                         |                                                              |                    |                       |

Entered 04/13/17 11:08:52 Desc Main Case 17-11677 Filed 04/13/17 Doc 1 Page 20 of 60 Case Number (if known) **Document** Genesis Marie Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** 

| 4.2      | CBNA                                               | Last 4 digits of account number 1046                              | <b>\$</b> 816.00 |
|----------|----------------------------------------------------|-------------------------------------------------------------------|------------------|
| 4.2      | Creditor's Name                                    | Last 4 digits of account number                                   | <del></del>      |
|          | 50 Northwest Point Road                            | When was the debt incurred? 2009-2015                             |                  |
|          | Number Street                                      |                                                                   |                  |
|          |                                                    | As of the date you file, the claim is: Check all that apply.      |                  |
|          |                                                    | Contingent                                                        |                  |
|          | Elk Grove Village IL 60007                         | Unliquidated                                                      |                  |
|          | City State Zip Code                                | Disputed                                                          |                  |
| ¥        | Vho owes the debt? Check one.                      | Disputed                                                          |                  |
|          | Debtor 1 only                                      |                                                                   |                  |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim: □                            |                  |
|          | Debtor 1 and Debtor 2 only                         | Student loans                                                     |                  |
| إ        | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
| [        | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| ۱,       | community debt<br>s the claim subject to offest?   | Debts to pension or profit-sharing plans, and other similar debts |                  |
| ĺ        | No                                                 | Other. Specify Credit Card or Credit Use                          |                  |
| Ī        | Yes                                                | Other. Specify Oreal Card of Credit Case                          |                  |
| 4.3      | Chase CARD                                         | Last 4 digits of account number 1046                              | \$ <u>328.00</u> |
|          | Creditor's Name                                    | 2040.0047                                                         |                  |
|          | Po Box 15298                                       | When was the debt incurred? 2016-2017                             |                  |
|          | Number Street                                      |                                                                   |                  |
|          |                                                    | As of the date you file, the claim is: Check all that apply.      |                  |
|          |                                                    | Contingent                                                        |                  |
|          | Wilmington DE 19850                                | Unliquidated                                                      |                  |
| l v      | City State Zip Code  Who owes the debt? Check one. | Disputed                                                          |                  |
| i        | Debtor 1 only                                      |                                                                   |                  |
| Ī        | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
| l i      | Debtor 1 and Debtor 2 only                         | Student loans                                                     |                  |
| l ř      | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
| l i      | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| L        | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
| 15       | s the claim subject to offest?                     |                                                                   |                  |
|          | No                                                 | Other. Specify Credit Card or Credit Use                          |                  |
|          | Yes                                                |                                                                   | . 00 00          |
| 4.4      | Comcast Central Warehouse                          | Last 4 digits of account number 0215                              | \$ <u>90.00</u>  |
|          | Creditor's Name 4200 International Pkwy            | When was the debt incurred? 2017-2017                             |                  |
|          | Number Street                                      |                                                                   |                  |
|          |                                                    |                                                                   |                  |
|          |                                                    | As of the date you file, the claim is: Check all that apply.      |                  |
|          | Carrollton TX 75007                                | Contingent                                                        |                  |
|          | City State Zip Code                                | Unliquidated                                                      |                  |
| <u> </u> | Vho owes the debt? Check one.                      | Disputed                                                          |                  |
|          | Debtor 1 only                                      |                                                                   |                  |
| [        | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
| [        | Debtor 1 and Debtor 2 only                         | Student loans                                                     |                  |
| [        | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
| [        | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
|          | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
|          | s the claim subject to offest? No                  | Collecting for Creditor                                           |                  |
|          | Yes                                                | Other. Specify Collecting for Creditor                            |                  |
|          | 1 C3                                               |                                                                   |                  |

Entered 04/13/17 11:08:52 Desc Main Case 17-11677 Filed 04/13/17 Doc 1 Page 21 of 60 Case Number (if known) **Document** Genesis Marie Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** 

| Γ   | 4.5 Comenity/Victoriasecrt                         | Last 4 digits of account number _      | 1046                          | <b>\$</b> 1,128.00 |
|-----|----------------------------------------------------|----------------------------------------|-------------------------------|--------------------|
| Ì   | Creditor's Name                                    |                                        | 0040 0047                     |                    |
| ı   | Po Box 182789                                      | When was the debt incurred?            | 2013-2017                     |                    |
| ı   | Number Street                                      |                                        |                               |                    |
| ı   |                                                    | As of the date you file, the claim is  | : Check all that apply.       |                    |
| ı   |                                                    | Contingent                             |                               |                    |
| ı   | Columbus OH 43218                                  | Unliquidated                           |                               |                    |
| ı   | City State Zip Code  Who owes the debt? Check one. | Disputed                               |                               |                    |
| ı   | Debtor 1 only                                      | _                                      |                               |                    |
| ı   | Debtor 2 only                                      | Type of NONPRIORITY unsecured          | claim:                        |                    |
| ı   | Debtor 1 and Debtor 2 only                         | Student loans                          |                               |                    |
| ı   | At least one of the debtors and another            | Obligations arising out of a separat   | ion agreement or divorce      |                    |
| ı   | Check if this claim relates to a                   | that you did not report as priority cl | aims                          |                    |
| ı   | community debt                                     | Debts to pension or profit-sharing p   | lans, and other similar debts |                    |
| ı   | Is the claim subject to offest?                    |                                        |                               |                    |
| ı   | No                                                 | Other. Specify Credit Card or          | Credit Use                    |                    |
| ŀ   | Yes  Discover FIN SVCS LLC                         | Last 4 divite of account number        | 1046                          | <b>\$</b> 2,769.00 |
| ł   | Creditor's Name                                    | Last 4 digits of account number _      |                               | <u> </u>           |
| ı   | Po Box 15316                                       | When was the debt incurred?            | 2011-2017                     |                    |
| ı   | Number Street                                      |                                        |                               |                    |
| ı   |                                                    | As of the date you file, the claim is  | : Check all that apply.       |                    |
| ı   |                                                    | Contingent                             | ,                             |                    |
| ı   | Wilmington DE 19850                                | Unliquidated                           |                               |                    |
| ı   | City State Zip Code  Who owes the debt? Check one. | Disputed                               |                               |                    |
| ı   | Debtor 1 only                                      |                                        |                               |                    |
| ı   | Debtor 2 only                                      | Type of NONPRIORITY unsecured          | claim:                        |                    |
| ı   | Debtor 1 and Debtor 2 only                         | Student loans                          | cium.                         |                    |
| ı   | At least one of the debtors and another            | Obligations arising out of a separat   | ion agreement or divorce      |                    |
| ı   | Check if this claim relates to a                   | that you did not report as priority cl |                               |                    |
| ı   | community debt                                     | Debts to pension or profit-sharing p   | lans, and other similar debts |                    |
| ı   | Is the claim subject to offest?                    |                                        |                               |                    |
| ı   | No                                                 | Other. Specify Credit Card or          | Credit Use                    |                    |
| ł   | Yes Discover FIN SVCS LLC                          | Last 4 digits of account number        | 1046                          | <b>\$</b> 5,150.00 |
| ł   | Creditor's Name                                    | Last 4 digits of account number _      |                               | Ψ <u>σ, 100.00</u> |
| ı   | Po Box 15316                                       | When was the debt incurred?            | 2009-2017                     |                    |
| ı   | Number Street                                      |                                        |                               |                    |
| ı   |                                                    | As of the date you file, the claim is  | : Check all that apply.       |                    |
| ı   |                                                    | Contingent                             | ,                             |                    |
| ı   | Wilmington DE 19850                                | Unliquidated                           |                               |                    |
| ı   | City State Zip Code  Who owes the debt? Check one. | Disputed                               |                               |                    |
| ı   | Debtor 1 only                                      |                                        |                               |                    |
| ı   | Debtor 2 only                                      | Type of NONPRIORITY unsecured          | claim:                        |                    |
|     | Debtor 1 and Debtor 2 only                         | Student loans                          | <del></del>                   |                    |
|     | At least one of the debtors and another            | Obligations arising out of a separat   | ion agreement or divorce      |                    |
|     | Check if this claim relates to a                   | that you did not report as priority cl |                               |                    |
|     | community debt                                     | Debts to pension or profit-sharing p   |                               |                    |
|     | Is the claim subject to offest?                    |                                        |                               |                    |
|     | No                                                 | Other. Specify Credit Card or          | Credit Use                    |                    |
| - 1 | I IVec                                             |                                        |                               |                    |

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main

Page 22 of 60 Case Number (if known) **Document** Genesis Marie Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them | beginning with 4.4, followed by 4.5, and so forth.                | Total Claim        |
|-----------------------------------------------------|-------------------------------------------------------------------|--------------------|
| 4.8 FED LOAN SERV                                   | Last 4 digits of account number 0003                              | <b>\$</b> 1,062.00 |
| Creditor's Name                                     | <del></del>                                                       |                    |
| Po Box 60610                                        | When was the debt incurred? 2014-2017                             |                    |
| Number Street                                       |                                                                   |                    |
|                                                     | As of the date you file, the claim is: Check all that apply.      |                    |
|                                                     | Contingent                                                        |                    |
| Harrisburg PA 17106                                 | Unliquidated                                                      |                    |
| City State Zip Code                                 | ☐ Disputed                                                        |                    |
| Who owes the debt? Check one.                       |                                                                   |                    |
| Debtor 1 only                                       | - (100)                                                           |                    |
| Debtor 2 only                                       | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                          | Student loans                                                     |                    |
| At least one of the debtors and another             | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                    | that you did not report as priority claims                        |                    |
| community debt Is the claim subject to offest?      | Debts to pension or profit-sharing plans, and other similar debts |                    |
| No                                                  | Пои о и                                                           |                    |
| Yes                                                 | Other. Specify                                                    |                    |
| 4.9 FED LOAN SERV                                   | Last 4 digits of account number 0001                              | <b>\$</b> 2,038.00 |
| Creditor's Name                                     |                                                                   | •                  |
| Po Box 60610                                        | When was the debt incurred? 2013-2017                             |                    |
| Number Street                                       |                                                                   |                    |
|                                                     | As of the date you file, the claim is: Check all that apply.      |                    |
|                                                     | Contingent                                                        |                    |
| Harrisburg PA 17106                                 |                                                                   |                    |
| City State Zip Code                                 | Unliquidated                                                      |                    |
| Who owes the debt? Check one.                       | Disputed                                                          |                    |
| Debtor 1 only                                       |                                                                   |                    |
| Debtor 2 only                                       | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                          | Student loans                                                     |                    |
| At least one of the debtors and another             | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                    | that you did not report as priority claims                        |                    |
| community debt                                      | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is the claim subject to offest?                     | _                                                                 |                    |
| No                                                  | Other. Specify                                                    |                    |
| Yes Land FED LOAN SERV                              | Last 4 digits of account number 0005                              | <b>*</b> 2.250.00  |
| 4.10                                                | Last 4 digits of account number 0005                              | \$ <u>2,250.00</u> |
| Creditor's Name Po Box 60610                        | When was the debt incurred? 2016-2017                             |                    |
| Number Street                                       |                                                                   |                    |
| Number Street                                       |                                                                   |                    |
|                                                     | As of the date you file, the claim is: Check all that apply.      |                    |
| Harrisburg PA 17106                                 | Contingent                                                        |                    |
| City State Zip Code                                 | Unliquidated                                                      |                    |
| Who owes the debt? Check one.                       | Disputed                                                          |                    |
| Debtor 1 only                                       |                                                                   |                    |
| Debtor 2 only                                       | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                          | Student loans                                                     |                    |
| At least one of the debtors and another             | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                    | that you did not report as priority claims                        |                    |
| community debt                                      | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is the claim subject to offest?                     | _ , , , , , , , , , , , , , , , , , , ,                           |                    |
| No                                                  | Other. Specify                                                    |                    |
| Yes                                                 | <u> </u>                                                          |                    |

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main

Page 23 of 60 Case Number (if known) **Document** Genesis Marie Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page

| After li                                         | sting any entries on this page, number them be     | ginning with 4.4, followed by 4.5, and so forth.                   | Total Claim         |
|--------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------|---------------------|
| 4.11                                             | FED LOAN SERV                                      | Last 4 digits of account number 0006                               | <b>\$</b> 3,000.00  |
| 1                                                | Creditor's Name                                    |                                                                    |                     |
|                                                  | Po Box 60610                                       | When was the debt incurred? 2016-2017                              |                     |
|                                                  | Number Street                                      |                                                                    |                     |
|                                                  |                                                    | As of the date you file the claim is. Check all that apply         |                     |
|                                                  |                                                    | As of the date you file, the claim is: Check all that apply.       |                     |
|                                                  | Harrisburg PA 17106                                | Contingent                                                         |                     |
|                                                  | City State Zip Code                                | Unliquidated                                                       |                     |
| v                                                | Who owes the debt? Check one.                      | Disputed                                                           |                     |
|                                                  | Debtor 1 only                                      |                                                                    |                     |
| Ī                                                | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                               |                     |
| İ                                                | Debtor 1 and Debtor 2 only                         | Student loans                                                      |                     |
| l ř                                              | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce       |                     |
| 1 8                                              |                                                    | that you did not report as priority claims                         |                     |
| "                                                | Check if this claim relates to a community debt    | Debts to pension or profit-sharing plans, and other similar debts  |                     |
| l la                                             | s the claim subject to offest?                     | Debts to pension or profit-smalling plans, and other similar debts |                     |
|                                                  | No                                                 | Other Specify                                                      |                     |
|                                                  | Yes                                                | Other. Specify                                                     |                     |
| 4.12                                             | FED LOAN SERV                                      | Last 4 digits of account number 0007                               | <b>\$</b> 3,250.00  |
| 4.12                                             | Creditor's Name                                    | Last 4 digits of associate number                                  | <del></del>         |
|                                                  | Po Box 60610                                       | When was the debt incurred? 2016-2017                              |                     |
|                                                  | Number Street                                      |                                                                    |                     |
|                                                  |                                                    |                                                                    |                     |
|                                                  |                                                    | As of the date you file, the claim is: Check all that apply.       |                     |
|                                                  | Harrisburg PA 17106                                | Contingent                                                         |                     |
|                                                  |                                                    | Unliquidated                                                       |                     |
| l v                                              | City State Zip Code  Who owes the debt? Check one. | Disputed                                                           |                     |
|                                                  | Debtor 1 only                                      | _                                                                  |                     |
| 1 7                                              | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                               |                     |
|                                                  | <b>=</b>                                           | Student loans                                                      |                     |
|                                                  | Debtor 1 and Debtor 2 only                         |                                                                    |                     |
|                                                  | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce       |                     |
| [                                                | Check if this claim relates to a                   | that you did not report as priority claims                         |                     |
| l .                                              | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts  |                     |
| ľ                                                | s the claim subject to offest?                     |                                                                    |                     |
|                                                  | ■No<br>¬                                           | Other. Specify                                                     |                     |
| <del>                                     </del> | Yes<br>FED LOAN SERV                               | Last 4 digits of account number 0008                               | \$ 4,000.00         |
| 4.13                                             |                                                    | Last 4 digits of account number 0008                               | \$ <u>-4,000.00</u> |
|                                                  | Creditor's Name Po Box 60610                       | When was the debt incurred? 2016-2017                              |                     |
|                                                  |                                                    | When was the dept incurred:                                        |                     |
|                                                  | Number Street                                      |                                                                    |                     |
|                                                  |                                                    | As of the date you file, the claim is: Check all that apply.       |                     |
|                                                  |                                                    | Contingent                                                         |                     |
|                                                  | Harrisburg PA 17106                                | Unliquidated                                                       |                     |
|                                                  | City State Zip Code  Vho owes the debt? Check one. | Disputed                                                           |                     |
| ľ                                                |                                                    |                                                                    |                     |
|                                                  | Debtor 1 only                                      |                                                                    |                     |
| <u> </u>                                         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                               |                     |
| <u> </u>                                         | Debtor 1 and Debtor 2 only                         | Student loans                                                      |                     |
| [                                                | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce       |                     |
|                                                  | Check if this claim relates to a                   | that you did not report as priority claims                         |                     |
|                                                  | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts  |                     |
| <u> </u>                                         | s the claim subject to offest?                     |                                                                    |                     |
|                                                  | No                                                 | Other. Specify                                                     |                     |
|                                                  | Yes                                                |                                                                    |                     |

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main Page 24 of 60 Case Number (if known) **Document** Genesis Marie Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page

| After lis | sting any entries on this page, number them be    | ginning with 4.4, followed by 4.5, an          | d so forth.                  | Total Claim        |
|-----------|---------------------------------------------------|------------------------------------------------|------------------------------|--------------------|
| 4.14      | FED LOAN SERV                                     | Last 4 digits of account number                | 0009                         | \$ <u>4,220.00</u> |
|           | Creditor's Name                                   |                                                | 2016 2017                    |                    |
|           | Po Box 60610                                      | When was the debt incurred?                    | 2016-2017                    |                    |
|           | Number Street                                     |                                                |                              |                    |
|           |                                                   | As of the date you file, the claim is:         | Check all that apply.        |                    |
|           |                                                   | Contingent                                     |                              |                    |
|           | Harrisburg PA 17106                               | Unliquidated                                   |                              |                    |
| ١ ,       | City State Zip Code /ho owes the debt? Check one. | Disputed                                       |                              |                    |
| ľ         | Debtor 1 only                                     | <b>—</b>                                       |                              |                    |
| 7         | <b>=</b>                                          | Towns of NONDRIORITY comes accorded            | data.                        |                    |
|           | Debtor 2 only                                     | Type of NONPRIORITY unsecured of Student loans | naim:                        |                    |
|           | Debtor 1 and Debtor 2 only                        | <b>=</b>                                       | on agraement or diverse      |                    |
|           | At least one of the debtors and another           | Obligations arising out of a separation        | -                            |                    |
| 4         | Check if this claim relates to a                  | that you did not report as priority cla        |                              |                    |
| ls ls     | community debt<br>the claim subject to offest?    | Debts to pension or profit-sharing pl          | ans, and other similar debts |                    |
|           | No                                                | Other Specify                                  |                              |                    |
|           | Yes                                               | Other. Specify                                 | <del></del>                  |                    |
| 4.15      | FED LOAN SERV                                     | Last 4 digits of account number                | 0004                         | <b>\$</b> 4,500.00 |
|           | Creditor's Name                                   | <u> </u>                                       | <del></del>                  |                    |
|           | Po Box 60610                                      | When was the debt incurred?                    | 2014-2017                    |                    |
|           | Number Street                                     |                                                |                              |                    |
|           |                                                   | As of the date you file, the claim is:         | Check all that apply         |                    |
|           |                                                   | Contingent                                     | onosii alii aliat appilji    |                    |
|           | Harrisburg PA 17106                               | Unliquidated                                   |                              |                    |
|           | City State Zip Code                               |                                                |                              |                    |
| <u> </u>  | /ho owes the debt? Check one.                     | Disputed                                       |                              |                    |
|           | Debtor 1 only                                     |                                                |                              |                    |
| <u> </u>  | Debtor 2 only                                     | Type of NONPRIORITY unsecured of               | :laim:                       |                    |
| [         | Debtor 1 and Debtor 2 only                        | Student loans                                  |                              |                    |
| [         | At least one of the debtors and another           | Obligations arising out of a separation        | on agreement or divorce      |                    |
|           | Check if this claim relates to a                  | that you did not report as priority cla        | ims                          |                    |
| .         | community debt                                    | Debts to pension or profit-sharing pl          | ans, and other similar debts |                    |
| Is        | s the claim subject to offest?                    | _                                              |                              |                    |
|           | No                                                | Other. Specify                                 |                              |                    |
| -         | Yes<br>FED LOAN SERV                              |                                                | 0002                         | <b>\$</b> 4,587.00 |
| 4.16      |                                                   | Last 4 digits of account number                |                              | \$ 4,567.00        |
|           | Creditor's Name Po Box 60610                      | When was the debt incurred?                    | 2013-2017                    |                    |
|           | Number Street                                     | Whom was the dest medited.                     |                              |                    |
|           | Number Street                                     |                                                |                              |                    |
|           |                                                   | As of the date you file, the claim is:         | Check all that apply.        |                    |
|           | Harrisburg PA 17106                               | Contingent                                     |                              |                    |
|           |                                                   | Unliquidated                                   |                              |                    |
| l v       | City State Zip Code /ho owes the debt? Check one. | Disputed                                       |                              |                    |
|           | Debtor 1 only                                     |                                                |                              |                    |
| l f       | Debtor 2 only                                     | Type of NONPRIORITY unsecured of               | :laim:                       |                    |
| 7         | Debtor 1 and Debtor 2 only                        | Student loans                                  |                              |                    |
|           | At least one of the debtors and another           | Obligations arising out of a separation        | on agreement or divorce      |                    |
|           |                                                   | that you did not report as priority cla        |                              |                    |
| L         | Check if this claim relates to a community debt   | Debts to pension or profit-sharing pl          |                              |                    |
| ls        | the claim subject to offest?                      | 2000 to pension or profit-straining pr         | and and outer similar dobte  |                    |
|           | No                                                | Other. Specify                                 |                              |                    |
| ΙĪ        | Yes                                               |                                                | <del></del>                  |                    |

Entered 04/13/17 11:08:52 Desc Main Case 17-11677 Doc 1 Filed 04/13/17 Page 25 of 60 Case Number (if known) **Document** Genesis Marie Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** 

| 4.17 | FED LOAN SERV                           | Last 4 digits of account number 0010                              | \$ <u>8,280.00</u>  |
|------|-----------------------------------------|-------------------------------------------------------------------|---------------------|
|      | Creditor's Name                         |                                                                   |                     |
|      | Po Box 60610                            | When was the debt incurred? 2016-2017                             |                     |
|      | Number Street                           |                                                                   |                     |
|      | Hamber Street                           |                                                                   |                     |
|      |                                         | As of the date you file, the claim is: Check all that apply.      |                     |
|      |                                         | Contingent                                                        |                     |
|      | Harrisburg PA 17106                     |                                                                   |                     |
|      | City State Zip Code                     | Unliquidated                                                      |                     |
|      | Who owes the debt? Check one.           | Disputed                                                          |                     |
|      |                                         | <del>-</del>                                                      |                     |
|      | Debtor 1 only                           |                                                                   |                     |
|      | Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                              |                     |
|      | Debtor 1 and Debtor 2 only              | Student loans                                                     |                     |
|      | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                     |
|      |                                         |                                                                   |                     |
|      | Check if this claim relates to a        | that you did not report as priority claims                        |                     |
|      | community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                     |
|      | Is the claim subject to offest?         |                                                                   |                     |
|      | No                                      | Other. Specify                                                    |                     |
|      | Yes                                     |                                                                   |                     |
| 4.40 | First Financial Cradit                  | Last 4 digits of account number 1046                              | <b>\$</b> 10,017.00 |
| 4.18 |                                         | Last 4 digits of account number                                   | Ψ,                  |
|      | Creditor's Name                         | When was the debt incurred? 2014-2017                             |                     |
|      | 2942 W Peterson Ave                     | When was the debt incurred? 2014-2017                             |                     |
|      | Number Street                           |                                                                   |                     |
|      |                                         | As of the date you file the elements Charles What south           |                     |
|      |                                         | As of the date you file, the claim is: Check all that apply.      |                     |
|      | 01:1-1-1                                | ☐ Contingent                                                      |                     |
|      | Chicago IL 60659                        | Unliquidated                                                      |                     |
|      | City State Zip Code                     | Disputed                                                          |                     |
|      | Who owes the debt? Check one.           | Disputed                                                          |                     |
|      | Debtor 1 only                           |                                                                   |                     |
|      | Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                              |                     |
|      | = '                                     |                                                                   |                     |
|      | Debtor 1 and Debtor 2 only              | Student loans                                                     |                     |
|      | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                     |
|      | Check if this claim relates to a        | that you did not report as priority claims                        |                     |
|      | community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                     |
|      | Is the claim subject to offest?         |                                                                   |                     |
|      | No                                      | Conditional and Condition                                         |                     |
|      | <b>=</b>                                | Other. Specify Credit Card or Credit Use                          |                     |
|      | Yes                                     | 4040                                                              | . 040.00            |
| 4.19 | Kohls/Capone                            | Last 4 digits of account number 1046                              | \$ <u>340.00</u>    |
|      | Creditor's Name                         | ••••                                                              |                     |
|      | N56 W 17000 Ridgewood Dr                | When was the debt incurred? 2008-2017                             |                     |
|      | Number Street                           |                                                                   |                     |
|      |                                         |                                                                   |                     |
|      |                                         | As of the date you file, the claim is: Check all that apply.      |                     |
|      | <del></del> _                           | Contingent                                                        |                     |
|      | Menomonee Falls WI 53051                |                                                                   |                     |
|      | City State Zip Code                     | Unliquidated                                                      |                     |
|      | Who owes the debt? Check one.           | Disputed                                                          |                     |
|      | Debtor 1 only                           |                                                                   |                     |
|      |                                         |                                                                   |                     |
|      | Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                              |                     |
|      | Debtor 1 and Debtor 2 only              | Student loans                                                     |                     |
|      | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                     |
|      |                                         | that you did not report as priority claims                        |                     |
|      | Check if this claim relates to a        |                                                                   |                     |
|      | community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                     |
|      | Is the claim subject to offest?         |                                                                   |                     |
|      | No                                      | Other. Specify Credit Card or Credit Use                          |                     |
|      | Yes                                     |                                                                   |                     |
|      |                                         |                                                                   |                     |

Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main Case 17-11677

Page 26 of 60 Case Number (if known) **Document** Genesis Marie Debtor 1

Your NONPRIORITY Unsecured Claims - Continuation Page

| After | listing any entries on this page, number them be | ginning with 4.4, followed by 4.5, and s                                             | so forth.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total Claim        |
|-------|--------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 4.20  | Mcydsnb                                          | Last 4 digits of account number                                                      | 1046                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>\$ 608.00</u>   |
|       | Creditor's Name                                  |                                                                                      | 2010 2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
|       | Po Box 8218                                      | When was the debt incurred?                                                          | 2010-2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
|       | Number Street                                    |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       |                                                  | As of the date you file, the claim is: Cl                                            | neck all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |
|       |                                                  | Contingent                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | Mason OH 45040                                   | Unliquidated                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | City State Zip Code                              | Disputed                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | Who owes the debt? Check one.                    |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | Debtor 1 only                                    |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | Debtor 2 only                                    | Type of NONPRIORITY unsecured clai                                                   | m:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |
|       | Debtor 1 and Debtor 2 only                       | Student loans                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | At least one of the debtors and another          | Obligations arising out of a separation                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | Check if this claim relates to a                 | that you did not report as priority claims                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | community debt Is the claim subject to offest?   | Debts to pension or profit-sharing plans                                             | s, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |
|       | No                                               | Other. Specify Credit Card or Cre                                                    | adit Usa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |
|       | Yes                                              | Other. SpecifyCredit Card of Cre                                                     | uit Ose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |
| 4.21  | Navient                                          | Last 4 digits of account number                                                      | 0429                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>\$</b> 1,983.00 |
|       | Creditor's Name                                  | · —                                                                                  | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |
|       | Po Box 9500                                      | When was the debt incurred?                                                          | 2004-2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
|       | Number Street                                    |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       |                                                  | As of the date you file, the claim is: Cl                                            | neck all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |
|       |                                                  | Contingent                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | Wilkes Barre PA 18773                            | Unliquidated                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | City State Zip Code                              | Disputed                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | Who owes the debt? Check one.                    |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | Debtor 1 only                                    |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | Debtor 2 only                                    | Type of NONPRIORITY unsecured clai                                                   | m:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |
|       | Debtor 1 and Debtor 2 only                       | Student loans                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | At least one of the debtors and another          | Obligations arising out of a separation                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | Check if this claim relates to a                 | that you did not report as priority claims                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | community debt Is the claim subject to offest?   | Debts to pension or profit-sharing plans                                             | s, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |
|       | No                                               | Пан а и                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | Yes                                              | Other. Specify                                                                       | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |
| 4.22  | Navient                                          | Last 4 digits of account number                                                      | 0429                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$ 2,289.00        |
| 1.22  | Creditor's Name                                  | · —                                                                                  | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |
|       | Po Box 9500                                      | When was the debt incurred?                                                          | 2004-2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
|       | Number Street                                    |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       |                                                  | As of the date you file, the claim is: Cl                                            | neck all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |
|       |                                                  | Contingent                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | Wilkes Barre PA 18773                            | Unliquidated                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | City State Zip Code                              | Disputed                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | Who owes the debt? Check one.                    | LI Siopatoa                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | Debtor 1 only                                    |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | Debtor 2 only                                    | Type of NONPRIORITY unsecured clai                                                   | m:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |
|       | Debtor 1 and Debtor 2 only                       | Student loans                                                                        | and the second s |                    |
|       | At least one of the debtors and another          | Obligations arising out of a separation                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | Check if this claim relates to a                 | that you did not report as priority claims  Debts to pension or profit-sharing plans |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       | community debt Is the claim subject to offest?   | Debts to pension or profit-snaring plans                                             | s, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |
|       | No                                               | Other Specific                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
| L     | Yes                                              | Other. Specify                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|       |                                                  |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |

Schedule E/F: Creditors Who Have Unsecured Claims

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main

Page 27 of 60 Case Number (if known) **Document** Genesis Marie Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page

| After li | sting any entries on this page, number them be   | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim        |
|----------|--------------------------------------------------|-------------------------------------------------------------------|--------------------|
| 4.23     | Sallie MAE                                       | Last 4 digits of account number 3931                              | <b>\$</b> 8,758.00 |
|          | Creditor's Name                                  |                                                                   |                    |
|          | Po Box 3229                                      | When was the debt incurred? 2016-2016                             |                    |
|          | Number Street                                    |                                                                   |                    |
|          |                                                  | As of the date you file, the claim is: Check all that apply.      |                    |
|          |                                                  | Contingent                                                        |                    |
|          | Wilmington DE 19804                              | Unliquidated                                                      |                    |
| ١,,      | City State Zip Code                              | Disputed                                                          |                    |
| *        | Vho owes the debt? Check one.  ¬₋                |                                                                   |                    |
|          | Debtor 1 only                                    |                                                                   |                    |
|          | Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                    |
|          | Debtor 1 and Debtor 2 only                       | Student loans                                                     |                    |
|          | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                    |
| L        | Check if this claim relates to a                 | that you did not report as priority claims                        |                    |
|          | community debt<br>s the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts |                    |
|          | No                                               | Other Charify                                                     |                    |
|          | Yes                                              | Other. Specify                                                    |                    |
| 4.24     | Sallie MAE                                       | Last 4 digits of account number 2341                              | \$ 3,033.00        |
| 1121     | Creditor's Name                                  |                                                                   |                    |
|          | Po Box 3229                                      | When was the debt incurred? 2016-2017                             |                    |
|          | Number Street                                    |                                                                   |                    |
|          |                                                  | As of the date you file, the claim is: Check all that apply.      |                    |
|          |                                                  | Contingent                                                        |                    |
|          | Wilmington DE 19804                              | Unliquidated                                                      |                    |
| l        | City State Zip Code                              | Disputed                                                          |                    |
| ×        | Vho owes the debt? Check one.                    | Disputed                                                          |                    |
|          | Debtor 1 only                                    |                                                                   |                    |
| <u> </u> | Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                    |
| <u> </u> | Debtor 1 and Debtor 2 only                       | Student loans                                                     |                    |
|          | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                    |
| [        | Check if this claim relates to a                 | that you did not report as priority claims                        |                    |
| l .      | community debt                                   | Debts to pension or profit-sharing plans, and other similar debts |                    |
| 15       | s the claim subject to offest?                   |                                                                   |                    |
| 1 7      | No T.,                                           | Other. Specify                                                    |                    |
| 4.05     | Yes Syncb/CARE CREDIT                            | Last 4 digits of account number 1046                              | <b>\$</b> 2,826.00 |
| 4.25     | Creditor's Name                                  | Last 4 digits of account number                                   | <u> </u>           |
|          | 950 Forrer Blvd                                  | When was the debt incurred? 2010-2017                             |                    |
|          | Number Street                                    |                                                                   |                    |
|          |                                                  | As of the date you file, the claim is: Check all that apply.      |                    |
|          |                                                  |                                                                   |                    |
|          | Kettering OH 45420                               | Contingent                                                        |                    |
|          | City State Zip Code                              | Unliquidated                                                      |                    |
| Y        | Who owes the debt? Check one.                    | Disputed                                                          |                    |
|          | Debtor 1 only                                    |                                                                   |                    |
| <u> </u> | Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                    |
| [        | Debtor 1 and Debtor 2 only                       | Student loans                                                     |                    |
| [        | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                    |
|          | Check if this claim relates to a                 | that you did not report as priority claims                        |                    |
|          | community debt                                   | Debts to pension or profit-sharing plans, and other similar debts |                    |
|          | s the claim subject to offest?                   |                                                                   |                    |
|          | ■No                                              | Other. Specify Credit Card or Credit Use                          |                    |
|          | Yes                                              |                                                                   |                    |

Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main

|          | Case       | 5 17-11077  | DUC 1 |           | Dago 28 of 60                           | Desc Main |
|----------|------------|-------------|-------|-----------|-----------------------------------------|-----------|
| Debtor 1 | Genesis    | Marie       |       | <u> </u>  | Page 28 of 60 Case Number (if known)    |           |
|          | First Name | Middle Name |       | Last Name | , , , , , , , , , , , , , , , , , , , , |           |

| Syncb/JCP                               | Last 4 digits of account number _      | 1046                           | \$ <u>1,280.00</u> |
|-----------------------------------------|----------------------------------------|--------------------------------|--------------------|
| Creditor's Name Po Box 965007           | When was the debt incurred?            | 2008-2017                      |                    |
| Number Street                           | When was the debt incurred:            |                                |                    |
| Number Street                           |                                        |                                |                    |
|                                         | As of the date you file, the claim is  | : Check all that apply.        |                    |
| Orlando FL 32896                        | Contingent                             |                                |                    |
| City State Zip Code                     | Unliquidated                           |                                |                    |
| Who owes the debt? Check one.           | Disputed                               |                                |                    |
| Debtor 1 only                           |                                        |                                |                    |
| Debtor 2 only                           | Type of NONPRIORITY unsecured          | claim:                         |                    |
| Debtor 1 and Debtor 2 only              | Student loans                          |                                |                    |
| At least one of the debtors and another | Obligations arising out of a separat   | tion agreement or divorce      |                    |
| Check if this claim relates to a        | that you did not report as priority cl | aims                           |                    |
| community debt                          | Debts to pension or profit-sharing p   | plans, and other similar debts |                    |
| Is the claim subject to offest?         | _                                      |                                |                    |
| No                                      | Other. Specify Credit Card or          | Credit Use                     |                    |
| Yes Syncb/Pandora                       | Look A divite of account would         | 1046                           | <b>\$</b> 1,255.00 |
| Creditor's Name                         | Last 4 digits of account number _      |                                | \$_1,233.00        |
| 950 Forrer Blvd                         | When was the debt incurred?            | 2013-2017                      |                    |
| Number Street                           |                                        | <del></del>                    |                    |
|                                         |                                        |                                |                    |
|                                         | As of the date you file, the claim is  | : Check all that apply.        |                    |
| Kettering OH 45420                      | Contingent                             |                                |                    |
| City State Zip Code                     | Unliquidated                           |                                |                    |
| Who owes the debt? Check one.           | Disputed                               |                                |                    |
| Debtor 1 only                           |                                        |                                |                    |
| Debtor 2 only                           | Type of NONPRIORITY unsecured          | claim:                         |                    |
| Debtor 1 and Debtor 2 only              | Student loans                          |                                |                    |
| At least one of the debtors and another | Obligations arising out of a separat   | tion agreement or divorce      |                    |
| Check if this claim relates to a        | that you did not report as priority cl | aims                           |                    |
| community debt                          | Debts to pension or profit-sharing p   | plans, and other similar debts |                    |
| Is the claim subject to offest?         | _                                      |                                |                    |
| No                                      | Other. Specify Credit Card or          | Credit Use                     |                    |
| Yes Syncb/Toysrus                       | Look 4 digito of account number        | 1046                           | <b>\$</b> 713.00   |
| Creditor's Name                         | Last 4 digits of account number _      | 1040                           | \$ <u>_7_10.00</u> |
| Po Box 965005                           | When was the debt incurred?            | 2013-2017                      |                    |
| Number Street                           |                                        |                                |                    |
|                                         |                                        |                                |                    |
|                                         | As of the date you file, the claim is  | : Спеск ан тлат аррну.         |                    |
| Orlando FL 32896                        | Contingent                             |                                |                    |
| City State Zip Code                     | Unliquidated                           |                                |                    |
| Who owes the debt? Check one.           | Disputed                               |                                |                    |
| Debtor 1 only                           |                                        |                                |                    |
| Debtor 2 only                           | Type of NONPRIORITY unsecured          | claim:                         |                    |
| Debtor 1 and Debtor 2 only              | Student loans                          |                                |                    |
| At least one of the debtors and another | Obligations arising out of a separat   |                                |                    |
| Check if this claim relates to a        | that you did not report as priority cl |                                |                    |
| community debt                          | Debts to pension or profit-sharing p   | plans, and other similar debts |                    |
| Is the claim subject to offest?         |                                        | One distillan                  |                    |
| No Yes                                  | Other. Specify Credit Card or          | Credit Use                     |                    |
| I IYES                                  |                                        |                                |                    |

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Schedule E/F: Creditors Who Have Unsecured Claims

Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main Case 17-11677

Genesis Debtor 1

Marie

**Document** 

Page 29 of 60 Case Number (if known)

Add the Amounts for Each Type of Unsecured Claim

|                           |                                                                                                             |     | Total claim |
|---------------------------|-------------------------------------------------------------------------------------------------------------|-----|-------------|
| otal claims<br>rom Part 1 | 6a. Domestic support obligations                                                                            | 6a. | \$0.00      |
|                           | 6b. Taxes and Certain other debts you owe the government                                                    | 6b. | \$0.00      |
|                           | 6c. Claims for death or personal injury while you were intoxicated                                          | 6c. | \$0.00      |
|                           | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                          | 6d. | \$0.00      |
|                           | 6e. <b>Total.</b> Add lines 6a through 6d.                                                                  | 6e. | \$0.00      |
|                           |                                                                                                             |     | Total claim |
| otal claims               | 6f. Student loans                                                                                           | 6f. | \$53,250.00 |
|                           | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00      |
|                           | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$0.00      |
|                           | 6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$          |

|             |                                  | Caso 17               |                                                                   | ilod 04/12/17               |                          | 13/17 11:08:52               | Desc Main           |      |
|-------------|----------------------------------|-----------------------|-------------------------------------------------------------------|-----------------------------|--------------------------|------------------------------|---------------------|------|
| FII         | l in this in                     | formation to iden     | tify your case:                                                   |                             | 0 of 60                  | )                            |                     |      |
| De          | ebtor 1                          | Genesis               | Marie                                                             | Gonzalez                    |                          |                              |                     |      |
| De          | ebtor 2                          | First Name            | Middle Name                                                       | Last Name                   |                          |                              |                     |      |
|             | oouse, if filing)                | First Name            | Middle Name                                                       | Last Name                   |                          |                              |                     |      |
| Ur          | nited States                     | Bankruptcy Court for  | r the : <u>NORTHERN</u> District of _                             | ILLINOIS                    |                          |                              |                     |      |
| Ca          | ase Number                       |                       |                                                                   | (State)                     |                          |                              | Check if this is ar | 1    |
|             | f known)                         |                       |                                                                   |                             |                          |                              | amended filing      |      |
| <u>Offi</u> | icial F                          | orm 106G              |                                                                   |                             |                          |                              |                     |      |
|             |                                  |                       | ory Contracts and                                                 |                             |                          |                              |                     | 12/1 |
| nforn       | nation. If n                     | nore space is nee     | possible. If two married people<br>ded, copy the additional page, |                             |                          |                              |                     |      |
|             |                                  | ·                     | e and case number (if known).                                     |                             |                          |                              |                     |      |
| 1.          | _                                | -                     | contracts or unexpired leases? submit this form to the court with |                             | ou have nothing else to  | report on this form          |                     |      |
|             | _                                |                       | nation below even if the contract                                 |                             |                          |                              |                     |      |
| _           | _ 100.11                         | in all of the initial | nation bolow even if the contract                                 | is or readed are noted in   | Concadio 7 v B. 7 Topon  | y (Ciliolai i Cilii 1007 v2) |                     |      |
|             | -                                |                       | or company with whom you ha                                       |                             |                          |                              | •                   |      |
|             | <b>xample, re</b><br>nexpired le |                       | cell phone). See the instruction                                  | s for this form in the inst | ruction booklet for more | e examples of executory co   | ontracts and        |      |
|             | Person or                        | company with wh       | nom you have the contract or le                                   | 2250                        | State                    | what the contract or leas    | se is for           |      |
|             | . 0.00 0.                        |                       | ,                                                                 |                             | 5                        |                              |                     |      |
| 2.1         |                                  |                       |                                                                   |                             | -                        |                              |                     |      |
|             | Name                             |                       |                                                                   |                             | _                        |                              |                     |      |
|             | Number                           | Street                |                                                                   |                             |                          |                              |                     |      |
|             | City                             |                       | State Zip (                                                       | Code                        | -                        |                              |                     |      |
| 2.2         |                                  |                       |                                                                   |                             |                          |                              |                     |      |
|             | Name                             |                       |                                                                   |                             | -                        |                              |                     |      |
|             |                                  |                       |                                                                   |                             | _                        |                              |                     |      |
|             | Number                           | Street                |                                                                   |                             |                          |                              |                     |      |
|             | City                             |                       | State Zip 0                                                       | Code                        | _                        |                              |                     |      |
| 2.3         |                                  |                       |                                                                   |                             |                          |                              |                     |      |
|             | Name                             |                       |                                                                   |                             | -                        |                              |                     |      |
|             | Number                           | Street                |                                                                   |                             | _                        |                              |                     |      |
|             |                                  |                       |                                                                   |                             | _                        |                              |                     |      |
|             | City                             |                       | State Zip 0                                                       | Code                        |                          |                              |                     |      |
| 2.4         |                                  |                       |                                                                   |                             |                          |                              |                     |      |
|             | Name                             |                       |                                                                   |                             | -                        |                              |                     |      |
|             | Number                           | Street                |                                                                   |                             | -                        |                              |                     |      |
|             |                                  |                       |                                                                   |                             | _                        |                              |                     |      |
|             | City                             |                       | State Zip (                                                       | Code                        | <b>-</b>                 |                              |                     |      |
| 2.5         |                                  |                       |                                                                   |                             |                          |                              |                     |      |
|             | Name                             |                       |                                                                   |                             |                          |                              |                     |      |
|             | Number                           | Street                |                                                                   |                             | -                        |                              |                     |      |
|             |                                  |                       |                                                                   |                             |                          |                              |                     |      |

State Zip Code

City

Official Form 106G

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main

| Fill in this information to identify your case:                                        |            |             |           |  |  |  |
|----------------------------------------------------------------------------------------|------------|-------------|-----------|--|--|--|
| Debtor 1                                                                               | Genesis    | Marie       | Gonzalez  |  |  |  |
|                                                                                        | First Name | Middle Name | Last Name |  |  |  |
| Debtor 2                                                                               |            |             |           |  |  |  |
| (Spouse, if filing)                                                                    | First Name | Middle Name | Last Name |  |  |  |
| United States Bankruptcy Court for the : <u>NORTHERN</u> District of _ <u>ILLINOIS</u> |            |             |           |  |  |  |
| Case Number                                                                            |            |             | (State)   |  |  |  |
| (If known)                                                                             |            |             |           |  |  |  |

# Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| uy  |      |                                                            | (,,,,,,                                                                                          | ., 4         |                                                   |
|-----|------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------|
| 1.  | Do   | you have any codebtors? (I                                 | f you are filing a joint case, do not list either spo                                            | ouse as a co | debtor.)                                          |
|     |      | No.                                                        |                                                                                                  |              |                                                   |
|     |      | Yes                                                        |                                                                                                  |              |                                                   |
| 2.  |      |                                                            | ou lived in a community property state or terri<br>iiana, Nevada, New Mexico, Puerto Rico, Texas |              |                                                   |
|     |      | No. Go to line 3.                                          |                                                                                                  | _            |                                                   |
|     | _    |                                                            | er spouse, or legal equivalent live with you at the                                              | o timo?      |                                                   |
|     | ш    | No                                                         | er spouse, or legal equivalent live with you at the                                              | ie tiirie :  |                                                   |
|     |      | Yes. Inwhich commun                                        | ity state or territory did you live?                                                             | F            | I in the name and current address of that person. |
|     |      |                                                            |                                                                                                  |              |                                                   |
|     |      | Name of your spouse, former s                              | pouse or legal equivalent                                                                        |              |                                                   |
|     |      | Number Street                                              |                                                                                                  |              |                                                   |
|     |      | City                                                       | State                                                                                            | Zip Code     |                                                   |
| 3.  | In C | olumn 1, list all of your coo                              | debtors. Do not include your spouse as a cod                                                     | ebtor if you | r spouse is filing with you. List the person      |
|     |      | =                                                          | ebtor only if that person is a guarantor or cos                                                  | _            | -                                                 |
|     |      | edule D (Official Form 106D<br>edule E/F, or Schedule G to | D), Schedule E/F (Official Form 106E/F), or Sci                                                  | hedule G (C  | fficial Form 106G). Use Schedule D,               |
|     | JUI  | edule E/F, or Schedule G to                                | o iii out coluiiii 2.                                                                            |              |                                                   |
|     | C    | olumn 1: Your codebtor                                     |                                                                                                  |              | Column 2: The creditor to whom you owe the debt   |
|     |      |                                                            |                                                                                                  |              | Check all schedules that apply:                   |
| 3.1 | 1    | Erik Ayala                                                 |                                                                                                  |              | Schedule D, line                                  |
|     |      | Name                                                       |                                                                                                  |              | Schedule E/F, line7                               |
|     | -    | 2839 W. Fletcher                                           |                                                                                                  |              | <u> </u>                                          |
|     |      | Number Street Chicago                                      | IL                                                                                               | 60618        | Schedule G, line                                  |
|     |      | City                                                       | State                                                                                            | Zip Code     |                                                   |
| 3.2 | 2 _  | Erik Ayala                                                 |                                                                                                  |              | Schedule D, line                                  |
|     |      | <sub>Name</sub><br>2839 W. Fletcher                        |                                                                                                  |              | Schedule E/F, line13                              |
|     |      | Number Street<br>Chicago                                   | IL                                                                                               | 60618        | Schedule G, line                                  |
|     | _    | City                                                       | State                                                                                            | Zip Code     |                                                   |
| 3.3 | 3    | Sandra McCulloch                                           |                                                                                                  |              | Schedule D, line                                  |
|     |      | Name                                                       |                                                                                                  |              | Schedule E/F, line14                              |
|     | -    | 5014 Michigan Ave.  Number Street                          |                                                                                                  |              | _                                                 |
|     |      | Schiller Park                                              | IL                                                                                               | 60176        | Schedule G, line                                  |
|     | -    | City                                                       | State                                                                                            | Zip Code     |                                                   |

Official Form 106H Record # 742538 Schedule H: Your Codebtors Page 1 of 1

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main

| Fill in this in     | formation to ident   | ify your case:                   |             | 11111 | 01 00            |
|---------------------|----------------------|----------------------------------|-------------|-------|------------------|
| Debtor 1            | Genesis              | Marie                            | Gonzalez    |       |                  |
|                     | First Name           | Middle Name                      | Last Name   |       |                  |
| Debtor 2            |                      |                                  |             | _     |                  |
| (Spouse, if filing) | First Name           | Middle Name                      | Last Name   |       |                  |
| United States       | Bankruptcy Court for | the : <u>NORTHERN DISTRICT (</u> | OF ILLINOIS |       |                  |
| Case Number         | г                    |                                  |             |       | Check if this is |
| (If known)          |                      |                                  |             |       | An amen          |
|                     |                      |                                  |             |       | A supple         |

| Che | ck if this is:                              |
|-----|---------------------------------------------|
|     | An amended filing                           |
|     | A supplement showing post-petition          |
|     | chapter 13 income as of the following date: |
|     |                                             |
|     | MM / DD / YYYY                              |

### Official Form 106I

#### **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Part 1: Describe Employment                                                                                                                                                                                                                                                                                                                                                                        |                          |                              |              |                                   |  |  |  |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------|--------------|-----------------------------------|--|--|--|
| 1. | Fill in your employment information                                                                                                                                                                                                                                                                                                                                                                |                          | Debtor 1                     |              | Debtor 2 or non-filing spouse     |  |  |  |
|    | If you have more than one job, attach a separate page with information about additional employers.                                                                                                                                                                                                                                                                                                 | Employment status        | X Employed Not employed      |              | Employed  Not employed            |  |  |  |
|    | Include part-time, seasonal, or self-employed work.                                                                                                                                                                                                                                                                                                                                                | Occupation               | Medical Assistan             | t            |                                   |  |  |  |
|    | Occupation may Include student or homemaker, if it applies.                                                                                                                                                                                                                                                                                                                                        | Employers name           | North Park Pediat            | trics, S.C.  |                                   |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                    | Employers address        | 5240 N. Pulaski Rd., Suite E |              |                                   |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                    |                          | Chicago, IL 60630            | )            | ,                                 |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                    | How long employed there? | Since 1/1/2004               |              |                                   |  |  |  |
| Pa | Part 2: Give Details About Monthly Income                                                                                                                                                                                                                                                                                                                                                          |                          |                              |              |                                   |  |  |  |
|    | Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. |                          |                              |              |                                   |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                              | For Debtor 1 | For Debtor 2 or non-filing spouse |  |  |  |
| 2. | 2. <b>List monthly gross wages, salary and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.                                                                                                                                                                                                                                         |                          |                              | \$1,356.48   | \$0.00                            |  |  |  |
| 3. | 3. Estimate and list monthly overtime pay.                                                                                                                                                                                                                                                                                                                                                         |                          |                              | \$0.00       | \$0.00                            |  |  |  |
| 4. | 4. Calculate gross income. Add line 2 + line 3.                                                                                                                                                                                                                                                                                                                                                    |                          |                              | \$1,356.48   | \$0.00                            |  |  |  |

 Official Form 106I
 Record # 742538
 Schedule I: Your Income
 Page 1 of 2

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main Document

Genesis Debtor 1 First Name

Marie

Last Name

Page 33 of 60

Case Number (if known) \_

For Debtor 1 For Debtor 2 or non-filing spouse \$1,356.48 \$0.00 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions \$279.56 \$0.00 5a 5b. Mandatory contributions for retirement plans 5b. \$0.00 \$0.00 \$0.00 \$0.00 5c. Voluntary contributions for retirement plans 5c 5d. Required repayments of retirement fund loans \$0.00 \$0.00 5d. \$0.00 \$0.00 5e. Insurance 5e 5f. Domestic support obligations \$0.00 5f \$0.00 5g. Union dues 5g. \$0.00 \$0.00 5h. Other deductions. Specify: 5h. \$0.00 \$0.00 6. **Add the payroll deductions**. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h. \$279.56 \$0.00 6. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$1,076.92 \$0.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a \$0.00 \$0.00 Interest and dividends \$0.00 \$0.00 8b. Family support payments that you, a non-filing spouse, or a 8c. \$ 0.00 \$ 0.00 dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$0.00 \$0.00 **Social Security** 8e 8e. \$0.00 \$0.00 8f. Other government assistance that you regularly receive 8f. \$375.00 \$0.00 Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income 8g. \$0.00 \$0.00 Other monthly income. Specify: 8h. \$0.00 \$0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. \$375.00 \$0.00 Calculate monthly income. Add line 7 + line 9. 10. 10 \$1,451.92 \$0.00 \$1.451.92 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. \$0.00 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. \$1,451.92 Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Do you expect an increase or decrease within the year after you file this form? X No. Yes. Explain:

| Fill in this ir                 | nformation to identify                            | your case:                  |                                                         |                                                                          |                                        |                               |
|---------------------------------|---------------------------------------------------|-----------------------------|---------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------|-------------------------------|
| Debtor 1                        | Genesis                                           | Marie                       | Gonzalez                                                | Check if this is:                                                        |                                        |                               |
|                                 | First Name                                        | Middle Name                 | Last Name                                               | An amende                                                                | ŭ                                      |                               |
| Debtor 2<br>(Spouse, if filing) | First Name                                        | Middle Name                 | Last Name                                               |                                                                          | ent showing post<br>of the following d | -petition chapter 13<br>late: |
| United States                   | Bankruptcy Court for the                          | :NORTHERN DISTRICT C        | F ILLINOIS                                              |                                                                          |                                        |                               |
| Case Numbe<br>(If known)        | r                                                 |                             | _                                                       | MM / DD / Y                                                              | YYYY                                   |                               |
| l<br>Official F                 | orm 106J                                          |                             |                                                         |                                                                          | · ·                                    | 2 because Debtor 2            |
|                                 |                                                   |                             |                                                         | maintains a                                                              | separate house                         |                               |
|                                 | e J: Your Ex                                      | _                           | lo are filing together, both                            | are equally recononcible for cumplyi                                     | na correct informs                     | 12/14                         |
| ·=                              | =                                                 |                             |                                                         | are equally responsible for supplyi<br>ges, write your name and case num | -                                      |                               |
| Part 1:                         | Describe Your Househol                            | ld                          |                                                         |                                                                          |                                        |                               |
| 1. Is this a jo                 | int case?                                         |                             |                                                         |                                                                          |                                        |                               |
|                                 | Go to line 2.                                     |                             |                                                         |                                                                          |                                        |                               |
| Yes.                            |                                                   | a separate household?       |                                                         |                                                                          |                                        |                               |
|                                 | No. Yes. Debtor 2 mi                              | ust file a separate Schedul | e J.                                                    |                                                                          |                                        |                               |
|                                 |                                                   | ·                           |                                                         |                                                                          |                                        |                               |
| 2. Do you                       | have dependents?                                  | No                          |                                                         | Dependent's relationship to<br>Debtor 1 or Debtor 2                      | Dependent's                            | Does dependent live with you? |
| Do not li<br>Debtor 2           | st Debtor 1 and                                   |                             | this information for dent                               | Debtor 1 of Debtor 2                                                     | age                                    | No                            |
|                                 |                                                   | each depen                  | uent                                                    | Daughter                                                                 | 13                                     | X Yes                         |
| names.                          | tate the dependents'                              |                             |                                                         |                                                                          |                                        | No                            |
|                                 |                                                   |                             |                                                         | Son                                                                      | 10                                     | X Yes                         |
|                                 |                                                   |                             |                                                         |                                                                          |                                        | X <sub>No</sub>               |
|                                 |                                                   |                             |                                                         |                                                                          |                                        | Yes                           |
|                                 |                                                   |                             |                                                         |                                                                          |                                        | X No                          |
|                                 |                                                   |                             |                                                         |                                                                          |                                        | Yes                           |
|                                 |                                                   |                             |                                                         |                                                                          |                                        | X No                          |
|                                 |                                                   |                             |                                                         |                                                                          |                                        | Yes                           |
| _                               | expenses include<br>es of people other thar       | x No                        |                                                         |                                                                          |                                        |                               |
| yourself                        | and your dependents                               | ? Yes                       |                                                         |                                                                          |                                        |                               |
| Part 2:                         | Estimate Your Ongoing                             | Monthly Expenses            |                                                         |                                                                          |                                        |                               |
| _                               |                                                   | · · ·                       |                                                         | n as a supplement in a Chapter 13 o                                      | -                                      |                               |
| the applicable                  |                                                   | rupicy is med. II this is a | supplemental Schedule 3,                                | check the box at the top of the for                                      | iii aiiu iiii iii                      |                               |
|                                 | -                                                 | =                           | nce if you know the value<br>Income (Official Form 106I | 1                                                                        | ,                                      | our expenses                  |
|                                 |                                                   |                             | ·                                                       | •                                                                        |                                        |                               |
|                                 | tal or home ownership<br>t for the ground or lot. | expenses for your resid     | ence. Include first mortgage                            | e payments and                                                           | 4.                                     | \$0.00                        |
| _                               | cluded in line 4:                                 |                             |                                                         |                                                                          |                                        | V                             |
| 4a. Re                          | eal estate taxes                                  |                             |                                                         |                                                                          | 4a.                                    | \$0.00                        |
| 4b. Pr                          | operty, homeowner's, o                            | or renter's insurance       |                                                         |                                                                          | 4b.                                    | \$0.00                        |
| 4c. Ho                          | ome maintenance, repa                             | ir, and upkeep expenses     |                                                         |                                                                          | 4c.                                    | \$25.00                       |
| 4d. Ho                          | omeowner's association                            | n or condominium dues       |                                                         |                                                                          | 4d.                                    | \$0.00                        |

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main

Genesis Debtor 1

First Name

Document

Last Name

Marie

Middle Name

Page 35 of 60

Case Number (if known) \_\_

Your expenses \$0.00 5 Additional Mortgage payments for your residence, such as home equity loans 6. **Utilities:** \$150.00 6a. 6a. Electricity, heat, natural gas \$110.00 6b. Water, sewer, garbage collection \$279.00 Telephone, cell phone, internet, satellite, and cable service \$ 0.00 Other. Specify: 6d. \$450.00 7. 7. Food and housekeeping supplies \$50.00 8. 8. Childcare and children's education costs \$120.00 9. Clothing, laundry, and dry cleaning 10. \$55.00 10. Personal care products and services \$20.00 11. Medical and dental expenses 11. \$120.00 **Transportation.** Include gas, maintenance, bus or train fare. 12. Do not include car payments. \$50.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 Charitable contributions and religious donations 14. 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. \$0.00 15a. 15a Life insurance \$0.00 15b. Health insurance 15b. \$0.00 15c. Vehicle insurance 15c. \$0.00 15d. 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 16 17. Installment or lease payments: \$0.00 17a. 17a. Car payments for Vehicle 1 \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. 17c. Other. Specify:\_ \$0.00 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as deducted \$0.00 from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. \$0.00 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. \$ 0.00 20b. Real estate taxes \$ 0.00 20c. 20c. Property, homeowner's, or renter's insurance \$ 0.00 20d. 20d. Maintenance, repair, and upkeep expenses \$ 0.00 20e 20e. Homeowner's association or condominium dues

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main Document Page 36 of 60

| Debtor | 1   | Genesis        | Marie                                | Gonzalez                            | Case Number (if known) |               |            |
|--------|-----|----------------|--------------------------------------|-------------------------------------|------------------------|---------------|------------|
|        |     | First Name     | Middle Name                          | Last Name                           |                        |               |            |
| 21.    | Oth | er. Specify: _ | Postage/Bank Fees (\$5.00),          |                                     | _                      | 21.           | \$5.00     |
| 22     | You | ır monthly ex  | pense: Add lines 4 through 21.       |                                     |                        | 22.           | \$1,434.00 |
|        | The | result is your | monthly expenses.                    |                                     |                        |               |            |
|        |     |                |                                      |                                     |                        |               |            |
|        |     |                |                                      |                                     |                        |               |            |
| 23.    | Cal | culate your m  | nonthly net income.                  |                                     |                        |               |            |
|        | 23a | . Сору         | line 12 (your comibined monthly in   | come) from Schedule I.              |                        | 23a.          | \$1,451.92 |
|        | 23b | . Сору         | your monthly expenses from line 2    | 2 above.                            |                        | 23b. <b>-</b> | \$1,434.00 |
|        | 23c | . Subtra       | act your monthly expenses from yo    | ur monthly income.                  |                        | 23c.          | \$17.92    |
|        |     | The re         | esult is your monthly net income.    |                                     |                        | <u> </u>      |            |
|        |     |                |                                      |                                     |                        |               |            |
|        |     |                |                                      |                                     |                        |               |            |
|        |     |                |                                      |                                     |                        |               |            |
|        |     |                |                                      |                                     |                        |               |            |
| 24.    | Do  | you expect a   | n increase or decrease in your ex    | penses within the year after yo     | u file this form?      |               |            |
|        | For | example, do y  | you expect to finish paying for your | car loan within the year or do yo   | ou expect your         |               |            |
|        | mor | tgage paymer   | nt to increase or decrease because   | e of a modification to the terms of | f your mortgage?       |               |            |
|        | Х   | No             |                                      |                                     |                        |               |            |
|        |     | Yes. E         | Explain Here:                        |                                     |                        |               |            |
|        |     |                |                                      |                                     |                        |               |            |
|        |     |                |                                      |                                     |                        |               |            |
|        |     |                |                                      |                                     |                        |               |            |
|        |     |                |                                      |                                     |                        |               |            |

 Official Form 106J
 Record #
 742538
 Schedule J: Your Expenses
 Page 3 of 3

#### Official Form 106 Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below                                                       |                                                                                               |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Did you pay or agree to pay someone who is NOT an                | attorney to help you fill out bankruptcy forms?                                               |
| No                                                               |                                                                                               |
| Yes. Name of Person                                              | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|                                                                  |                                                                                               |
|                                                                  |                                                                                               |
|                                                                  |                                                                                               |
| Under penalty of perjury, I declare that I have read th correct. | e summary and schedules filed with this declaration and that they are true and                |
|                                                                  |                                                                                               |
| 🗶 /s/ Genesis Marie Gonzalez                                     | *                                                                                             |
| Signature of Debtor 1                                            | Signature of Debtor 2                                                                         |
| Date_04/08/2017                                                  | Date                                                                                          |
| MM / DD / YYYY                                                   | MM / DD / YYYY                                                                                |
|                                                                  |                                                                                               |

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main Document Page 38 of 60

|                           |                         |                                 | Ocument Faue |
|---------------------------|-------------------------|---------------------------------|--------------|
| Fill in this in           | nformation to identify  | y your case:                    |              |
| Debtor 1                  | Genesis                 | Marie                           | Gonzalez     |
|                           | First Name              | Middle Name                     | Last Name    |
| Debtor 2                  |                         |                                 |              |
| (Spouse, if filing)       | First Name              | Middle Name                     | Last Name    |
| United States             | Bankruptcy Court for th | e : <u>NORTHERN</u> District of |              |
| O N                       |                         |                                 | (State)      |
| Case Number<br>(If known) | r                       |                                 |              |
|                           |                         |                                 |              |

#### Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| num | er (if known). Answer every question.                                                                                                            |                                                | o o. a., aaamona pagoo,o yoa mamo ana saco                                                          |                |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------|
|     | Give Details About Your Marital Status and Where Yo                                                                                              | u Lived Refore                                 |                                                                                                     |                |
|     | What is your current marital status?                                                                                                             | u Liveu Belole                                 |                                                                                                     |                |
|     | Married                                                                                                                                          |                                                |                                                                                                     |                |
|     | Not married                                                                                                                                      |                                                |                                                                                                     |                |
|     | - Communica                                                                                                                                      |                                                |                                                                                                     |                |
| 02  | During the last 3 years, have you lived anywhere other that                                                                                      | n where you live now                           | n                                                                                                   |                |
|     | No.                                                                                                                                              |                                                |                                                                                                     |                |
|     | Yes. List all of the places you lived in the last 3 years. Do                                                                                    | not include where yo                           | u live now.                                                                                         |                |
|     | Debtor 1                                                                                                                                         | Dates Debtor 1                                 | Debtor 2:                                                                                           | Dates Debtor 2 |
|     | Desitor 1                                                                                                                                        | lived there                                    | Desitor 2.                                                                                          | lived there    |
| 03  | Within the last 8 years, did you ever live with a spouse or I<br>property states and territories include Arizona, California,<br>and Wisconsin.) | egal equivalent in a d<br>Idaho, Louisiana, Ne | community property state or territory? (Community vada, New Mexico, Puerto Rico, Texas, Washington, |                |
|     | No.                                                                                                                                              |                                                |                                                                                                     |                |
|     | Yes. Make sure you fill out Schedule H: Your Codebtors (                                                                                         | Official Form 106H).                           |                                                                                                     |                |
|     |                                                                                                                                                  |                                                |                                                                                                     |                |
|     | Explain the Sources of Your Income                                                                                                               |                                                |                                                                                                     |                |
|     | ·                                                                                                                                                |                                                |                                                                                                     |                |
|     |                                                                                                                                                  |                                                |                                                                                                     |                |
|     |                                                                                                                                                  |                                                |                                                                                                     |                |
|     |                                                                                                                                                  |                                                |                                                                                                     |                |
|     |                                                                                                                                                  |                                                |                                                                                                     |                |
|     |                                                                                                                                                  |                                                |                                                                                                     |                |
|     |                                                                                                                                                  |                                                |                                                                                                     |                |
|     |                                                                                                                                                  |                                                |                                                                                                     |                |
|     |                                                                                                                                                  |                                                |                                                                                                     |                |
|     |                                                                                                                                                  |                                                |                                                                                                     |                |
|     |                                                                                                                                                  |                                                |                                                                                                     |                |
|     |                                                                                                                                                  |                                                |                                                                                                     |                |
|     |                                                                                                                                                  |                                                |                                                                                                     |                |
|     |                                                                                                                                                  |                                                |                                                                                                     |                |
|     |                                                                                                                                                  |                                                |                                                                                                     |                |

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main

Page 39 of 60 Document Debtor 1 Genesis Marie Gonzalez Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, Wages, commissions, \$4,142 From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, \$20,355 Wages, commissions, For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2016) Operating a business Operating a business Wages, commissions, \$30,000 est. Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2015) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) LINK \$375 per month From January 1 of current year until the date you filed for bankruptcy: LINK \$4,500 For last calendar year: (January 1 to December 31, 2016) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main Page 40 of 60 Document

Marie

Genesis Gonzalez Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payments First Financial Credit 2942 W \$10,017 Monthly \$300 ■ Mortgage Car П Peterson Ave Chicago IL 60659 Credit card Loan repayment Suppliers or vendors Other First Financial Credit 2942 W Monthly \$335 \$13,557 Mortgage Car Peterson Ave Chicago IL 60659 Credit card Loan repayment Suppliers or vendors Other \_ Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid owe

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main Document Page 41 of 60

| Debtor 1    | Genesis                                                                      | Marie                                                                                  | Gonzalez                    | _                       | Case Number (if known)         |                           |  |  |
|-------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------|-------------------------|--------------------------------|---------------------------|--|--|
|             | First Name                                                                   | Middle Name                                                                            | Last Name                   |                         |                                |                           |  |  |
|             | -                                                                            | filed for bankruptcy, did you                                                          | u make any payments or      | transfer any propert    | y on account of a debt that    | benefited                 |  |  |
|             | n insider?<br>nclude payments on debts guaranteed or cosigned by an insider. |                                                                                        |                             |                         |                                |                           |  |  |
| _           | No.                                                                          |                                                                                        |                             |                         |                                |                           |  |  |
|             | Yes. List all payment                                                        | s to an insider.                                                                       | Dates of                    | Total amount            | Amount you still               | Reason for this payment   |  |  |
|             |                                                                              |                                                                                        | payment                     | paid                    | owe                            | Include creditor's name   |  |  |
| Part        | 4: Identify Legal ac                                                         | ctions, Repossessions, and F                                                           | oreclosures                 |                         |                                |                           |  |  |
| Li          |                                                                              | filed for bankruptcy, were y<br>uding personal injury cases<br>act disputes.           |                             |                         |                                | ort or custody            |  |  |
|             | No.                                                                          |                                                                                        |                             |                         |                                |                           |  |  |
|             | Yes. Fill in the details                                                     | S.                                                                                     |                             |                         |                                |                           |  |  |
| 10 \        | lithin 1 year before you                                                     | filed for bankruptcy, was ar                                                           | Nature of the case          |                         | or agency                      | Status of the case        |  |  |
|             | -                                                                            | fill in the details below.                                                             | ly of your property repos.  | sesseu, lorecioseu, ț   | garriisrieu, allacrieu, seizei | a, or levieu:             |  |  |
|             | No. Go to line 11                                                            |                                                                                        |                             |                         |                                |                           |  |  |
|             | Yes. Fill in the inform                                                      | nation below.                                                                          |                             |                         |                                |                           |  |  |
|             |                                                                              | ou filed for bankruptcy, di<br>ment because you owed a                                 | -                           | a bank or financial     | institution, set off any an    | nounts from your accounts |  |  |
|             | No. Go to line 11                                                            |                                                                                        |                             |                         |                                |                           |  |  |
|             | Yes. Fill in the inform                                                      | ation below.                                                                           |                             |                         |                                |                           |  |  |
|             | -                                                                            | ı filed for bankruptcy, was<br>r, a custodian, or another (                            |                             | the possession of a     | in assignee for the benefi     | t of creditors, a         |  |  |
|             | No.                                                                          |                                                                                        |                             |                         |                                |                           |  |  |
|             | Yes.                                                                         |                                                                                        |                             |                         |                                |                           |  |  |
| Part        | List Certain Gift                                                            | s and Contributions                                                                    |                             |                         |                                |                           |  |  |
| 13 <b>W</b> | ithin 2 years before ye                                                      | ou filed for bankruptcy, did                                                           | I you give any gifts with   | a total value of mor    | re than \$600 per person?      |                           |  |  |
|             | No.                                                                          |                                                                                        |                             |                         |                                |                           |  |  |
| _           | Yes. Fill in the details                                                     | <del>-</del>                                                                           |                             |                         |                                | 000 to annual and to 0    |  |  |
| 14 VV       | _                                                                            | ou filed for bankruptcy, did                                                           | i you give any gins or co   | ontributions with a i   | otal value of more than \$     | but to any charity?       |  |  |
|             | No. Yes. Fill in the details                                                 | o for each aift                                                                        |                             |                         |                                |                           |  |  |
|             | Tes. Fill III the details                                                    | s for each gift.                                                                       |                             |                         |                                |                           |  |  |
| Part        | 6 List Certain Los                                                           | ses                                                                                    |                             |                         |                                |                           |  |  |
|             | /ithin 1 year before yo<br>ambling?                                          | u filed for bankruptcy or si                                                           | nce you filed for bankru    | ptcy, did you lose a    | nything because of theft,      | fire, other disaster, or  |  |  |
| _           | No.                                                                          |                                                                                        |                             |                         |                                |                           |  |  |
|             | Yes. Fill in the details                                                     | s for each gift.                                                                       |                             |                         |                                |                           |  |  |
| Part        | List Certain Pay                                                             | ments or Transfers                                                                     |                             |                         |                                |                           |  |  |
| co          | onsulted about seekin                                                        | u filed for bankruptcy, did<br>g bankruptcy or preparing<br>pankruptcy petition prepar | a bankruptcy petition?      |                         |                                |                           |  |  |
| _           | No.                                                                          | amaptoj potition prepar                                                                | o.o, o. o.ouit oouiiseillig | , -90110100 101 361 111 | roquirou iii your balik        | pJ.                       |  |  |
|             | I No. ■ Yes. Fill in the details                                             | 8                                                                                      |                             |                         |                                |                           |  |  |
| "           |                                                                              | -                                                                                      |                             |                         |                                |                           |  |  |
|             |                                                                              |                                                                                        |                             |                         |                                |                           |  |  |
|             |                                                                              |                                                                                        |                             |                         |                                |                           |  |  |
|             |                                                                              |                                                                                        |                             |                         |                                |                           |  |  |

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main

Last Name

Middle Name

Genesis Marie Page 42 of 60

Case Number (if known)

|    | Party Contact Info                                                                                                                                                                       | Description and value of                                          | any property transferred    | Date pay<br>or trans                   |                 | nt of payment |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------|----------------------------------------|-----------------|---------------|
|    | Geraci Law L.L.C.                                                                                                                                                                        |                                                                   |                             | 2017                                   | \$1,500         | .00           |
|    | 55 E. Monroe Street #3400                                                                                                                                                                |                                                                   |                             |                                        |                 |               |
|    | Chicago,IL 60603                                                                                                                                                                         |                                                                   |                             |                                        |                 |               |
|    |                                                                                                                                                                                          |                                                                   |                             |                                        |                 |               |
|    |                                                                                                                                                                                          |                                                                   |                             |                                        |                 |               |
|    |                                                                                                                                                                                          |                                                                   |                             |                                        |                 |               |
|    | Party Contact Info                                                                                                                                                                       | Description and value of                                          | any property transferred    | Date pay                               |                 | nt of payment |
|    | Hananwill Credit Counseling                                                                                                                                                              | Credit Counseling Services                                        | •                           | 2017                                   | \$25.00         |               |
|    | 115 N. Cross St.                                                                                                                                                                         |                                                                   |                             |                                        |                 |               |
|    | Robinson, IL 62454                                                                                                                                                                       |                                                                   |                             |                                        |                 |               |
|    |                                                                                                                                                                                          |                                                                   |                             |                                        |                 |               |
|    |                                                                                                                                                                                          |                                                                   |                             |                                        |                 |               |
|    |                                                                                                                                                                                          |                                                                   |                             |                                        |                 |               |
| _  |                                                                                                                                                                                          |                                                                   |                             |                                        |                 |               |
|    | Within 1 year before you filed for bankruptcy<br>promised to help you deal with your creditors                                                                                           |                                                                   |                             | ster any property to a                 | nyone who       |               |
|    | Do not include any payment or transfer that y                                                                                                                                            | you listed on line 16.                                            |                             |                                        |                 |               |
|    | No.                                                                                                                                                                                      |                                                                   |                             |                                        |                 |               |
|    | Yes. Fill in the details.                                                                                                                                                                |                                                                   |                             |                                        |                 |               |
|    | Within 2 years before you filed for bankrupto transferred in the ordinary course of your bu Include both outright transfers and transfers Do not include gifts and transfers that you ha | siness or financial affairs?<br>made as security (such as the gra | nting of a security intere  |                                        |                 |               |
|    | No.                                                                                                                                                                                      | ave already listed on this statemen                               |                             |                                        |                 |               |
|    | Yes. Fill in the details for each gift.                                                                                                                                                  |                                                                   |                             |                                        |                 |               |
|    | _                                                                                                                                                                                        |                                                                   |                             |                                        |                 |               |
|    | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-pr                                                                                              |                                                                   | o a self-settled trust or s | similar device of whic                 | h you are a     |               |
|    | No.                                                                                                                                                                                      |                                                                   |                             |                                        |                 |               |
|    | Yes. Fill in the details for each gift.                                                                                                                                                  |                                                                   |                             |                                        |                 |               |
| Pa | List Certain Financial Accounts, Instru                                                                                                                                                  | ments, Safe Deposit Boxes, and Stor                               | age Units                   |                                        |                 |               |
|    | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or                                                                   | other financial accounts; certifica                               | tes of deposit; shares in   | · •                                    |                 |               |
|    | houses, pension funds, cooperatives, associ                                                                                                                                              | iations, and other financial institut                             | iulis.                      |                                        |                 |               |
|    | No.  Yes. Fill in the details.                                                                                                                                                           |                                                                   |                             |                                        |                 |               |
|    | - 100. This in the dottaine.                                                                                                                                                             | Last 4 digits of account number                                   | Type of account or          | Date account was                       | Last balance b  | efore         |
|    |                                                                                                                                                                                          |                                                                   | instrument                  | closed, sold, moved,<br>or transferred | closing or tran | sfer          |
|    | Do you now have, or did you have within 1 yo                                                                                                                                             | ear before you filed for bankruptcy                               | , any safe deposit box o    | r other depository fo                  | r securities,   |               |
|    | cash, or other valuables?                                                                                                                                                                |                                                                   |                             |                                        |                 |               |
|    | No.  Yes. Fill in the details.                                                                                                                                                           |                                                                   |                             |                                        |                 |               |
|    |                                                                                                                                                                                          | Who else had access to it?                                        | Describe the conte          | nts                                    | Do you still    |               |
|    |                                                                                                                                                                                          |                                                                   |                             |                                        | have it?        |               |
|    |                                                                                                                                                                                          |                                                                   |                             |                                        |                 |               |

First Name

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main Document Page 43 of 60

Genesis Marie Gonzalez Case Number (if known) Debtor 1 First Name Middle Name Last Name 22 Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else has or had access to it? Describe the contents have it? Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No. Yes. Fill in the details. Where is the property? Describe the property Value **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24 Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice 25 Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice 26 Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. Court or agency Nature of the case Status of the case Give Details About Your Business or Connections to Any Business Part 11: 27 Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business.

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main Document Page 44 of 60

| Debtor 1 | Genesis                                           | Marie Gonzalez            |                                      | Case Number (if known)                                                                                 |    |  |
|----------|---------------------------------------------------|---------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------|----|--|
|          | First Name                                        | Middle Name               | Last Name                            |                                                                                                        |    |  |
|          | thin 2 years before yo<br>titutions, creditors, o |                           | you give a financial statement to    | anyone about your business? Include all financial                                                      |    |  |
|          | No.                                               |                           |                                      |                                                                                                        |    |  |
|          | Yes. Fill in the details                          | <b>3.</b>                 |                                      |                                                                                                        |    |  |
|          |                                                   | Date is:                  | sued                                 |                                                                                                        |    |  |
| Part 12  | Sign Below                                        |                           |                                      |                                                                                                        |    |  |
| <b>~</b> | /s/ Ganasis Maria                                 | Gonzalez                  | <b>~</b>                             |                                                                                                        |    |  |
| ×        | Is/ Genesis Marie Signature of Debtor             |                           | <b>S</b> ignature of D               | ebtor 2                                                                                                |    |  |
|          |                                                   |                           |                                      |                                                                                                        |    |  |
|          | Date 04/08/2017                                   |                           | Date                                 |                                                                                                        |    |  |
|          | MM / DD / Y                                       | YYY                       | MM / [                               | DD / YYYY                                                                                              |    |  |
| Did y    | No                                                | pages to Your Statement o | of Financial Affairs for Individuals | s Filing for Bankruptcy (Official Form 107)?                                                           |    |  |
|          |                                                   |                           |                                      |                                                                                                        |    |  |
| Did y    | you pay or agree to p                             | ay someone who is not an  | attorney to help you fill out bank   | ruptcy forms?                                                                                          |    |  |
|          | No                                                |                           |                                      |                                                                                                        |    |  |
|          | Yes. Name of person                               |                           |                                      | Attach the <i>Bankruptcy Petition Preparer's Notice,</i> Declaration, and Signature (Official Form 119 | a) |  |

| Fill in this                    | Case 17 '                                         |                                             | od 04/12/17 Ent                       | ered 04/13/17 11:08:52<br>5 of 60              | 2 Desc Main                                         |      |
|---------------------------------|---------------------------------------------------|---------------------------------------------|---------------------------------------|------------------------------------------------|-----------------------------------------------------|------|
|                                 |                                                   |                                             |                                       | 3 01 00                                        |                                                     |      |
| Debtor 1                        | Genesis                                           | Marie                                       | Gonzalez                              |                                                |                                                     |      |
| 5                               | First Name                                        | Middle Name                                 | Last Name                             |                                                |                                                     |      |
| Debtor 2<br>(Spouse, if filing) | First Name                                        | Middle Name                                 | Last Name                             |                                                |                                                     |      |
|                                 |                                                   |                                             |                                       |                                                |                                                     |      |
| United State                    | es Bankruptcy Court for th                        | e : <u>NORTHERN</u> District of <u>ILLI</u> | NOIS (State)                          |                                                | Пональ 16 46 is is see                              |      |
| Case Numb                       | er                                                |                                             |                                       |                                                | Check if this is an amended filing                  |      |
|                                 |                                                   |                                             |                                       |                                                | amended illing                                      |      |
| Official F                      | Form 108                                          |                                             |                                       |                                                |                                                     |      |
| Stateme                         | ent of Intent                                     | ion for Individuals                         | Filing Under Ch                       | apter 7                                        |                                                     | 12/1 |
| f you are an i                  | ndividual filing under                            | chapter 7, you must fill out this           | form if:                              |                                                |                                                     |      |
|                                 | ave claims secured by                             |                                             |                                       |                                                |                                                     |      |
| =                               |                                                   | ty and the lease has not expired            |                                       | by the date set for the meeting of cre         | aditors                                             |      |
|                                 |                                                   |                                             |                                       | of the creditors and lessors you list.         | untors,                                             |      |
|                                 |                                                   | ether in a joint case, both are ec          | · · · · · · · · · · · · · · · · · · · | -                                              |                                                     |      |
| Both debtors                    | must sign and date th                             | ne form.                                    |                                       |                                                |                                                     |      |
| Be as comple                    | te and accurate as po                             | ssible. If more space is needed             | , attach a separate sheet to t        | his form. On the top of any additiona          | al pages,                                           |      |
| write your nar                  | me and case number                                | (if known).                                 |                                       |                                                |                                                     |      |
| Part 1:                         | List Your Creditors W                             | ho Have Secured Claims                      |                                       |                                                |                                                     |      |
| For any cr<br>information       | <del>-</del>                                      | d in Part 1 of Schedule D: Credi            | tors Who Have Claims Secui            | red by Property (Official Form 106D)           | , fill in the                                       |      |
| Identify th                     | e creditor and the pro                            | pperty that is collateral                   | What do you intend to secures a debt? | to do with the property that                   | Did you claim the property as exempt on Schedule C? |      |
| Creditor'                       | s                                                 |                                             | Surrender th                          | e property                                     | ■ No                                                |      |
| name:                           | First Financ                                      | ial Credit                                  | _                                     | roperty and redeem it                          |                                                     |      |
| 5                               |                                                   | Company with over 65 000 miles              |                                       | roperty and enter into a                       | ∐ Yes                                               |      |
| Descript                        | 1011 01                                           | Compass with over 65,000 miles              | <del></del>                           | n Agreement.                                   |                                                     |      |
| property<br>securing            |                                                   |                                             |                                       | roperty and [explain]:                         |                                                     |      |
|                                 |                                                   |                                             |                                       |                                                | -                                                   |      |
| One dite u                      |                                                   |                                             | Current de méte                       |                                                |                                                     |      |
| Creditor's                      | S                                                 |                                             | Surrender th                          | · · · ·                                        | □ No                                                |      |
| name.                           |                                                   |                                             |                                       | roperty and redeem it roperty and enter into a | Yes                                                 |      |
| Descripti                       | ion of                                            |                                             | <del>-</del>                          | •                                              |                                                     |      |
| property                        | dobt                                              |                                             |                                       | n Agreement. roperty and [explain]:            |                                                     |      |
| securing                        | debt.                                             |                                             | ☐ Retain the pi                       | operty and texplains.                          | -                                                   |      |
| Creditor'                       | 0                                                 |                                             | Currender th                          | o proporty                                     | <u> </u>                                            | _    |
| name:                           | 5                                                 |                                             | Surrender th                          | roperty and redeem it                          | _                                                   |      |
|                                 |                                                   |                                             | <u> </u>                              | roperty and redeem it                          | ∐ Yes                                               |      |
| Descripti                       |                                                   |                                             |                                       | n Agreement.                                   |                                                     |      |
| property securing               |                                                   |                                             |                                       | roperty and [explain]:                         |                                                     |      |
| Securing                        | debt.                                             |                                             | ☐ Ketain the pi                       | operty and [explain].                          | -                                                   |      |
| Creditor'                       | e e                                               |                                             | Surrender th                          | e property                                     |                                                     | _    |
| name:                           | 3                                                 |                                             | <b>=</b>                              | • • •                                          | _                                                   |      |
|                                 |                                                   |                                             | <u>=</u>                              | roperty and redeem it                          | Yes                                                 |      |
| Descript                        |                                                   |                                             | <del>-</del>                          | roperty and enter into a                       |                                                     |      |
| property                        |                                                   |                                             |                                       | n Agreement.                                   |                                                     |      |
| 3 <del>c</del> curing           | securing debt: Retain the property and [explain]: |                                             |                                       |                                                |                                                     |      |

Genesis Case 17-11677

Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main Page 46 of 60 Umber (if known)

List Your Unexpired Personal Property Leases

| For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (            | Official Form 106G),       |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease |                            |
| ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).           | ,                          |
|                                                                                                                                |                            |
| Describe your unexpired personal property leases                                                                               | Will the lease be assumed? |
| Lessor's name:                                                                                                                 | ☐ No                       |
|                                                                                                                                | Yes                        |
| Description of leased                                                                                                          | <b>—</b> 100               |
| property:                                                                                                                      |                            |
|                                                                                                                                |                            |
| Lessor's name:                                                                                                                 | ☐ No                       |
|                                                                                                                                | Yes                        |
| Description of leased                                                                                                          |                            |
| property:                                                                                                                      |                            |
|                                                                                                                                |                            |
| Lessor's name:                                                                                                                 | □No                        |
|                                                                                                                                | Yes                        |
| Description of leased                                                                                                          | <del>-</del>               |
| property:                                                                                                                      |                            |
|                                                                                                                                |                            |
| Lessor's name:                                                                                                                 | □No                        |
|                                                                                                                                | □Yes                       |
| Description of leased                                                                                                          |                            |
| property:                                                                                                                      |                            |
|                                                                                                                                | П.                         |
| Lessor's name:                                                                                                                 | □No                        |
|                                                                                                                                | □Yes                       |
| Description of leased                                                                                                          |                            |
| property:                                                                                                                      |                            |
| Lessor's name:                                                                                                                 | □No                        |
| Lessoi s name.                                                                                                                 |                            |
| Description of legand                                                                                                          | □Yes                       |
| Description of leased property:                                                                                                |                            |
| proporty.                                                                                                                      |                            |
| Lessor's name:                                                                                                                 | □No                        |
| Ecosor o name.                                                                                                                 |                            |
| Description of leased                                                                                                          | Yes                        |
| property:                                                                                                                      |                            |
|                                                                                                                                |                            |
|                                                                                                                                |                            |
| Part 3: Sign Below                                                                                                             |                            |
| Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a deb      | t and any                  |
| personal property that is subject to an unexpired lease.                                                                       |                            |
|                                                                                                                                |                            |
| 🗶 /s/ Genesis Marie Gonzalez                                                                                                   |                            |
| Signature of Debtor 1 Signature of Debtor 2                                                                                    |                            |
|                                                                                                                                |                            |
| Date                                                                                                                           |                            |

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main Document Page 47 of 60

B2030 (Form 2030) (12/15)

# United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In r | ·e                                 |                                                                                                    |                                 |                                 |                          |      |
|------|------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------|--------------------------|------|
| Ger  | nesis Marie Gonz                   | zalez / Debtor                                                                                     |                                 | Case No:                        |                          |      |
|      |                                    |                                                                                                    |                                 | Chapter:                        | Chapter 7                |      |
|      |                                    | DISCLOSUI                                                                                          | RE OF COMPENSATION              | OF ATTORNEY FOR DEI             | BTOR                     |      |
|      | npensation paid to                 | U.S.C. § 329(a) and Fed. Bank<br>o me within one year before the<br>dered on behalf of the debtor( | ne filing of the petition in ba | inkruptcy, or agreed to be pai  | d to me, for services    | tha  |
|      | For legal service                  | ces, I have agreed to accept                                                                       | \$1,500.00                      |                                 |                          |      |
|      | Prior to the filin                 | ng of this statement I have rec                                                                    | seived <b>\$1,500.00</b>        |                                 |                          |      |
|      | Balance Due                        |                                                                                                    | \$0.00                          |                                 |                          |      |
| 2.   | The source of the                  | ne compensation paid to me w                                                                       | vas:                            |                                 |                          |      |
|      | Debtor(s)                          | Other: (specify)                                                                                   | )                               |                                 |                          |      |
| 3.   | The source of co                   | ompensation to be paid to me                                                                       | is:                             |                                 |                          |      |
|      | Debtor(s                           | Other: (specify)                                                                                   | <b>.</b>                        |                                 |                          |      |
| 4.   |                                    | agreed to share the above-disc                                                                     |                                 | ny other person unless they are | re members and associa   | ates |
|      | of my law attached.                | eed to share the above-disclose firm. A copy of the agreemen                                       | nt, together with a list of the | names of the people sharing     | in the compensation, is  |      |
| 5.   | In return for the case, including: | above-disclosed fee, I have a                                                                      | greed to render legal service   | e for all aspects of the bankru | ptcy                     |      |
|      | a. Analysis of bankruptcy          | f the debtor's financial situation.                                                                | on, and rendering advice to     | the debtor in determining wh    | ether to file a petition | n    |
|      |                                    | n and filing of any petition, sc                                                                   | hedules, statements of affair   | rs and plan which may be req    | uired;                   |      |
| 6.   |                                    | with the debtor(s), the above-d nelude any work done post-file                                     |                                 | e the following service:        |                          |      |
|      |                                    |                                                                                                    | CERTIFICATIO                    | )N                              |                          |      |
|      |                                    | I certify that the foregoing is<br>ment to me for representation                                   | -                               | _                               | or                       |      |
|      | D                                  | Pate: 04/12/2017                                                                                   | /s/ Lizette Ville               | egas                            |                          |      |
|      | $\overline{D}$                     | Pate                                                                                               | Signature of Att                |                                 |                          |      |
|      |                                    |                                                                                                    | _Geraci Law L.                  | L.C.                            |                          |      |

742538 Page 1 of 1 Record #

Name of law firm

Case 17-11677 Geraci Law Leck Headquarters: 55 E. Monroe Street, #3400 Chicago

Date: 4/5/2017

Consultation Attorney:

**டுட்டி பிர்ற்ப் டூடிப்புத் Wisconsin** 1:08:52 Desc Main யூழ்த்திர் 86த்<del>தித்</del> இத்திர் மாய்கள் www.infotapes.com

#### Retainer Agreement Chapter 7 - Pre-filing

| Services before filing in Court: I retain Geraci Law L.L.C. to prepare to file a Chapter 7 bankruptcy petition in court. I agree to pay, by debit only, a flat fee for services before filing in court of \$\frac{1,500.00}{2}\$ at \$\{\frac{100}{2}\}\$ boday, \$\{\frac{100}{2}\}\$ per \$\{\frac{2mi-monlow}{2mi-monlow}\}\$ starting \$\{\frac{5/1/19}{2}\}\$ and \$\{\frac{100}{2}\}\$ within 60 days of today. Bankruptcy is time-sensitively may pay more than this amount to pre-pay post-filing services. After filing in court, any balance on the pre-filing fee is discharged. We will start preparing your documents as soon as you sign this contract. Work before signing is no charge. Work or Costs advanced AFTER filing in Court is not included in the pre-filing amount, unless you pay us for it in advance:                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| After we file your Chapter 7 bankruptcy in Court, we will advance your Court Cost of \$335, and the flat fee for services after case filing is \$\495.00\_\& \$335 = \$\830.00\_\text{ total flat fee.}\$ We will present you with an agreement to repay the \$335, and pay a fee for our services after filing through Discharge or case closing without discharge. Whether or not you sign a post-filing agreement is entirely voluntary: you are not required to retain Geraci Law for post-bankruptcy services. You may hire some other law firm to finish your bankruptcy and Geraci Law may withdraw from representing you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| The flat fee for pre-filing work pays for: consultation after hiring us, (before retaining us is free) preparation petition and schedules, means test & statement of financial affairs; phone calls, emails, web messages; processing and reviewing documents that we requested from you including faxes, email attachments, web uploads and mail; office appointment to review and sign your petition; filing your case in court. Excluded: appearance in any court of proceeding; taking calls from your creditors or bill collectors. If you decide to pre-pay, or pay for ALL services before and after we file your case in court, all work until case closing is included except: missed section 341 meetings; amendments to schedules; adversary proceedings; any motions including to reopen, avoid judgment liens, for enlargement of time; any contested matter including but not limited to objections to exemptions, motions to dismiss; attending rule 2004 examinations; reviewing documents that we did not specifically request from you; appearance other than bankruptcy court.                                                                                                                                                                   |
| Flat fee. With "flat fee", rather than hourly, you know in advance your entire cost unless additional work is required and it usually is cheaper, but you may choose to pay for our services billed hourly at \$75 -\$450/hour, and pay in advance a security retaier, which may cost you more, or less than a flat fee. Advance Payment Retainer. Payments on flat fee or hourly become our property on payment and are deposited into our operating account, not into a client trust account. We will only refund unearned fees You may enter into a security retainer agreement with another law firm: we will not because you may lose funds held in our trust account which may be assets in a Chapter 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Termination</b> . If you decide not to proceed, delay, fail to respond, fail to pay my attorneys or provide all information & sign my petition according to this schedule, I agree that Geraci Law may discontinue work and charge me for the work done to date at hourly rates shown above. We will only refund fees not earned. <b>Wisconsin</b> : We will submit any unresolved dispute about the fee to binding arbitration within 30 days of receiving written notice of the dispute. You may file a claim with the Wisconsin Lawyers' Fund for Client Protection if the we fail to provide a refund or unearned advanced fees. If you dispute the amount of the fee and want that dispute to be submitted to binding arbitration, you must provide written notice of the dispute to Geraci Law within 30 days of the mailing of the accounting. If we are unable to resolve the dispute to the satisfaction of you within 30 days after notice of the dispute from the client, we shall submit the dispute to binding arbitration.                                                                                                                                                                                                                         |
| Time matters: You agree: to fully cooperate with us and provide all information required; use Client Corner and not to cause excessive work; that more than one attorney or staff will work on your file there is no extra charge for the entire Geraci Law Team, unlike single attorney "law firms". Change in circumstances: This flat fee is based on the facts you told us. If that changes, your fee may change. Exemption laws only protect a limited amount of property. File Chapter 13 if you have property not claimed as exempt, or risk turn over "non-exempt" property to a Trustee. No guarantee of Discharge Creditors or others may object to a chapter 7 discharge of certain debts or to any discharge, for a variety of reasons. Debts not discharged: student loans; educational debts and tuition; most tax debts; undisclosed debts; maintenance or support; fines; fraud, stealing or intentional injury claims, debts after filing including HOA dues; other debts listed in your green folder as usually not discharged. No discharge if you don't take the 2nd educational course.  I will not transfer or acquire any property or incur any credit or debt before filing, and I must make full disclosure of all income, expenses, debts |
| ate: 4/5/17 x Huyy M Huyy X Genesis Gónzalez (Debtor)  X (Joint Debtor)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Attorney for the Debtor(s), Representing Geraci Law L.L.C. rev 161112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main Document Page 49 of 60

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Genesis Marie Gonzalez / Debtor

Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 04/08/2017 /s/ Genesis Marie Gonzalez

**Genesis Marie Gonzalez** 

X Date & Sign

Record # 742538 B 1D (Official Form 1, Exh.D)(12/08) Page 1 of 1

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

### Document Page 50 of 60

#### UNITED STATES BANKRUPTCY COURT

### NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

Record # 742538 B 201A (Form 201A) (11/11) Page 1 of 2

#### Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main

Form B 201A, Notice to Consumer Debtor(s)

In re Genesis

Page 51 of 60

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

#### Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 04/08/2017 | /s/ Genesis Marie Gonzalez |
|-------------------|----------------------------|
|                   | Genesis Marie Gonzalez     |
| Dated: 04/12/2017 | /s/ Lizette Villegas       |
|                   | Attorney: Lizette Villegas |

## Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main Document Page 52 of 60

| ebtor 1                                 | Genesis                                              | Marie <u> </u>                                                                                                                                                                                | onzalez                                                                                                                                                                                                                                                             | Case Number (if know                                                      | wn)                                                             |  |  |  |
|-----------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------|--|--|--|
| 50101 3                                 | First Name                                           | Middle Name L                                                                                                                                                                                 | ast Name                                                                                                                                                                                                                                                            |                                                                           |                                                                 |  |  |  |
|                                         |                                                      |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                     |                                                                           |                                                                 |  |  |  |
| Part 6:                                 | Answer These Question                                | s for Reporting Purposes                                                                                                                                                                      |                                                                                                                                                                                                                                                                     |                                                                           |                                                                 |  |  |  |
|                                         | hat kind of debts do<br>u have?                      | 16a. Are your debts pri<br>as "incurred by an ind<br>No. Go to line 16<br>Yes. Go to line 1                                                                                                   | dividual primarily for a pe                                                                                                                                                                                                                                         | ots? Consumer debts are define<br>ersonal, family, or household purp      | d in 11 U.S.C. § 101(8)<br>pose."                               |  |  |  |
|                                         |                                                      | 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |                                                                                                                                                                                                                                                                     |                                                                           |                                                                 |  |  |  |
|                                         |                                                      | □No. Go to line 16<br>□Yes. Go to line 1                                                                                                                                                      | 7.                                                                                                                                                                                                                                                                  |                                                                           |                                                                 |  |  |  |
|                                         |                                                      | 16c. State the type of deb                                                                                                                                                                    | ts you owe that are not                                                                                                                                                                                                                                             | consumer debts or business debt                                           | ts.                                                             |  |  |  |
|                                         |                                                      |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                     |                                                                           |                                                                 |  |  |  |
|                                         | re you filing under                                  | ☐ No. I am not filing u                                                                                                                                                                       | under Chapter 7. Go to l                                                                                                                                                                                                                                            | line 18.                                                                  | <del></del>                                                     |  |  |  |
|                                         | hapter 7?                                            |                                                                                                                                                                                               | er Chapter 7. Do you es                                                                                                                                                                                                                                             | timate that after any exempt prop<br>funds will be available to distribut | perty is excluded and                                           |  |  |  |
|                                         | o you estimate that after<br>ny exempt property is   | _                                                                                                                                                                                             | expenses are paid that i                                                                                                                                                                                                                                            | unds will be available to distribut                                       | e to unaccured streamers.                                       |  |  |  |
| е                                       | xcluded and                                          | No.                                                                                                                                                                                           |                                                                                                                                                                                                                                                                     |                                                                           |                                                                 |  |  |  |
|                                         | dministrative expenses<br>re paid that funds will be | ☐Yes.                                                                                                                                                                                         |                                                                                                                                                                                                                                                                     |                                                                           |                                                                 |  |  |  |
| а                                       | vailable for distribution                            |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                     |                                                                           |                                                                 |  |  |  |
|                                         | o unsecured creditors?                               |                                                                                                                                                                                               | П100                                                                                                                                                                                                                                                                | 00-5,000                                                                  | <b>25,001-50,000</b>                                            |  |  |  |
|                                         | low many creditors do                                | <b>■</b> 1-49<br>□ 50-99                                                                                                                                                                      |                                                                                                                                                                                                                                                                     | 01-10,000                                                                 | ☐ 50,001-100,000                                                |  |  |  |
| -                                       | ou estimate that you we?                             | ☐ 100-199                                                                                                                                                                                     |                                                                                                                                                                                                                                                                     | 001-25,000                                                                | ☐ More than 100,000                                             |  |  |  |
| ·                                       | ,,,,,,                                               | 200-999                                                                                                                                                                                       |                                                                                                                                                                                                                                                                     |                                                                           |                                                                 |  |  |  |
|                                         | -                                                    | \$0-\$50,000                                                                                                                                                                                  | <b>□</b> \$1,0                                                                                                                                                                                                                                                      | 000,001-\$10 million                                                      | □\$500,000,001-\$1 billion                                      |  |  |  |
|                                         | low much do you                                      | \$50,001-\$100,000                                                                                                                                                                            |                                                                                                                                                                                                                                                                     | ,000,001-\$50 million                                                     | □\$1,000,000,001-\$10 billion                                   |  |  |  |
|                                         | estimate your assets to<br>be worth?                 | \$100,001-\$500,000                                                                                                                                                                           | \$50                                                                                                                                                                                                                                                                | 0,000,001-\$100 million                                                   | □\$10,000,000,001-\$50 billion                                  |  |  |  |
|                                         |                                                      | \$500,001-\$1 million                                                                                                                                                                         |                                                                                                                                                                                                                                                                     | 0,000,001-\$500 million                                                   | ☐More than \$50 billion                                         |  |  |  |
| 00 1                                    | How much do you                                      | <b>\$0-\$50,000</b>                                                                                                                                                                           | <b>□</b> \$1,                                                                                                                                                                                                                                                       | 000,001-\$10 million                                                      | □\$500,000,001-\$1 billion                                      |  |  |  |
|                                         | estimate your liabilities                            | \$50,001-\$100,000                                                                                                                                                                            | <b>□</b> \$10                                                                                                                                                                                                                                                       | 0,000,001-\$50 million                                                    | \$1,000,000,001-\$10 billion                                    |  |  |  |
|                                         | to be?                                               | \$100,001-\$500,000                                                                                                                                                                           | ) <b>□</b> \$50                                                                                                                                                                                                                                                     | 0,000,001-\$100 million                                                   | ☐ \$10,000,000,001-\$50 billion                                 |  |  |  |
|                                         |                                                      | \$500,001-\$1 million                                                                                                                                                                         |                                                                                                                                                                                                                                                                     | 00,000,001-\$500 million                                                  | ☐ More than \$50 billion                                        |  |  |  |
| Part                                    | 7: Sign Below                                        |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                     |                                                                           |                                                                 |  |  |  |
| For y                                   |                                                      | I have examined this pet correct.                                                                                                                                                             | ition, and I declare unde                                                                                                                                                                                                                                           | er penalty of perjury that the inform                                     | mation provided is true and                                     |  |  |  |
|                                         |                                                      | If I have chosen to file up<br>of title 11, United States<br>under Chapter 7.                                                                                                                 | nder Chapter 7, I am aw<br>Code. I understand the                                                                                                                                                                                                                   | are that I may proceed, if eligible<br>relief available under each chapt  | , under Chapter 7, 11,12, or 13<br>ter, and I choose to proceed |  |  |  |
|                                         |                                                      | If no attorney represents this document, I have ob                                                                                                                                            | s me and I did not pay or<br>otained and read the not                                                                                                                                                                                                               | r agree to pay someone who is no<br>ice required by 11 U.S.C. § 342(i     | ot an attorney to help me fill out<br>b).                       |  |  |  |
|                                         |                                                      |                                                                                                                                                                                               | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.                                                                                                                                                        |                                                                           |                                                                 |  |  |  |
| *************************************** |                                                      | with a bankruptcy case                                                                                                                                                                        | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  18 U.S.C. §§ 152, 1341, 1519, and 3571. |                                                                           |                                                                 |  |  |  |
|                                         |                                                      | Signature of Debt                                                                                                                                                                             | MM JM                                                                                                                                                                                                                                                               | NIM) × Signal                                                             | ture of Debtor 2                                                |  |  |  |
| *************************************** |                                                      | Executed on                                                                                                                                                                                   | 04,08,12017                                                                                                                                                                                                                                                         | Execu                                                                     | uted on                                                         |  |  |  |

## Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main Document Page 53 of 60

| Deptor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Genesis                                                                                        | Marie                                                                                         | Gonzalez                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Case Number (if kn                                                                                                            | own)                                         |             |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | First Name                                                                                     | Middle Name                                                                                   | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               |                                              |             |
| represe<br>if you a<br>by an a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ar attorney, if you are ented by one are not represented ttorney, you do not offile this page. | proceed under Chap<br>each chapter for whii<br>11 U.S.C. § 342(b) a<br>the information in the | debtor(s) named in this petition, of ter 7, 11, 12, or 13 of title 11, Unite the person is eligible. I also ceind, in a case in which § 707(b)(4) is schedules filed with the petition is the period of the petition is the petition of the pe | ad States Code, and have explaintify that I have delivered to the diplomation (D) applies, certify that I have no sincorrect. | ned the reliet avail<br>lebtor(s) the notice | required by |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | Geraci I<br>Firm name<br>55 E. M                                                              | _aw L.L.C.<br>lonroe St., #3400<br>reet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                              |             |
| **************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                | Chicago<br>City                                                                               | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | IL<br>State                                                                                                                   | 60603<br>ZIP Code                            |             |
| Woodstanding to the control of the c |                                                                                                | Contact Phon                                                                                  | e 312-332-1800                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Email addre                                                                                                                   | essndil@gera                                 | acilaw.com  |
| Valuation control of the control of  |                                                                                                | 631313<br>Bar number                                                                          | 33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | IL State                                                                                                                      | _                                            |             |

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main Document Page 54 of 60

| I in this information to identify   | your case:               |                                 |                                                                             |                                 |
|-------------------------------------|--------------------------|---------------------------------|-----------------------------------------------------------------------------|---------------------------------|
| abtor 1 Genesis                     | Marie                    | Gonzalez                        |                                                                             |                                 |
| tor 1 Genesis First Name            | Middle Name              | Last Name                       |                                                                             |                                 |
| otor 2                              | Middle Name              | Last Name                       |                                                                             |                                 |
| use, if filing) First Name          | •                        |                                 |                                                                             |                                 |
| ted States Bankruptcy Court for the | : NORTHERN District of   | (State)                         |                                                                             |                                 |
| se Numberknown)                     |                          |                                 | <u> </u>                                                                    | ck if this is an<br>nded filing |
|                                     |                          |                                 |                                                                             | ilaca iliing                    |
| cial Form 106 Dec                   |                          | Debtor's Schedı                 | iles                                                                        | 12/                             |
| s, or both. 18 U.S.C. §§ 152, 134   |                          |                                 |                                                                             |                                 |
|                                     |                          |                                 | ruptev forms?                                                               |                                 |
| id you pay or agree to pay son      | neone who is NOT an atto | orney to help you fill out bank |                                                                             |                                 |
|                                     | neone who is NOT an atto | orney to help you fill out bank |                                                                             |                                 |
| No                                  |                          |                                 | Attach Bankruptcy Petition Preparer's Notice                                | e, Declaration, and             |
|                                     |                          |                                 |                                                                             | e, Declaration, and             |
| No                                  |                          |                                 | Attach Bankruptcy Petition Preparer's Notice                                | e, Declaration, and             |
| No                                  |                          |                                 | Attach Bankruptcy Petition Preparer's Notice                                | e, Declaration, and             |
| No                                  |                          |                                 | Attach Bankruptcy Petition Preparer's Notice                                | e, Declaration, and             |
| Yes. Name of Person                 |                          |                                 | Attach Bankruptcy Petition Preparer's Notice Signature (Official Form 119). | a, Declaration, and             |
| No Yes. Name of Person              |                          |                                 | Attach Bankruptcy Petition Preparer's Notice                                | e, Declaration, and             |
| No Yes. Name of Person              |                          |                                 | Attach Bankruptcy Petition Preparer's Notice Signature (Official Form 119). | e, Declaration, and             |
| Yes. Name of Person                 |                          |                                 | Attach Bankruptcy Petition Preparer's Notice Signature (Official Form 119). | e, Declaration, and             |

Date \_\_\_\_\_\_MM / DD / YYYY

## Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main Document Page 55 of 60

| Debtor 1              | Genesis                                                                                                     | Marie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Gonzalez                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Case Number (if known)                                                                               |                    |
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| Jepioi i              | First Name                                                                                                  | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |                    |
| 28 Wit<br>ins         | thin 2 years before y<br>titutions, creditors, o                                                            | ou filed for bankruptcy, did or other parties.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | you give a financial statement t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | o anyone about your business? Include all financial                                                  | obeconder constant |
|                       | No.                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      | 1                  |
|                       | Yes. Fill in the detail                                                                                     | and the second s | energy per recognition and respectively.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                      |                    |
|                       |                                                                                                             | Date iss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ued                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                      | de posecular       |
| Part 1                | Sign Below                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      | _                  |
| ansv<br>in cc<br>18 U | wers are true and coonnection with a bar I.S.C. §§ 152, 1341, 1  Signature of Debtor  Date 04/08  MM / DD / | rrect. I understand that makinkruptcy case can result in fils19, and 3571.  The state of the sta | Ing a false statement, concealing the sup to \$250,000, or imprison the sup to \$250,000 and supplies the suppl | DD / YYYY                                                                                            |                    |
| Did                   | you attach addition                                                                                         | al pages to Your Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | of Financial Aπairs for Individu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | als Filing for Bankruptcy (Official Form 107)?                                                       |                    |
|                       | No<br>Yes                                                                                                   | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      |                    |
| Dld                   | you pay or agree to                                                                                         | pay someone who is not ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | attorney to help you fill out ba                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nkruptcy forms?                                                                                      |                    |
|                       | No<br>Yes. Name of pers                                                                                     | on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119). |                    |

Middle Name

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|          | Case    | ; T\-TTQ\\ | DOC T | Filed 04/13/17       | Entered 04/13/17 11                  | U8.: |
|----------|---------|------------|-------|----------------------|--------------------------------------|------|
| Debtor 1 | Genesis | Marie      |       | Document<br>Gonzalez | Page 56 of 60 Case Number (If known) |      |

Last Name

| any unexpired personal property lease that you listed in Schedule G: Executory Contracts a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | and Unexpired Leases (Official Form 106G), |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| the information below. Do not list real estate leases. <i>Unexpired leases</i> are leases that are s<br>d. You may assume an unexpired personal property lease if the trustee does not assume it.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | . 11 U.S.C. § 365(p)(2).                   |
| u. 100 may assume an enterprise production of the control of the c | Will the lease be assumed?                 |
| Describe your unexpired personal property leases                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Will the lease be assumed:  ☐ No           |
| essor's name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |
| Description of leased property:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |
| .essor's name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | □ No                                       |
| Description of leased property:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Yes                                      |
| essor's name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | □No                                        |
| Description of leased<br>property:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                                        |
| Lessor's name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | □No □Yes                                   |
| Description of leased property:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Lites                                      |
| Lessor's name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | □No<br>□Yes                                |
| Description of leased property:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Lites                                      |
| Lessor's name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | No<br>Yes                                  |
| Description of leased property:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |
| Lessor's name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ☐ No<br>☐ Yes                              |
| Description of leased property:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |
| Part 3: Sign Below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |
| nder penalty of perjury, I declare that I have indicated my intention about any property of my<br>ersonal property that is subject to an unexpired lease.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | y estate that secures a debt and any       |
| * Minesian Ameria *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |
| Signature of Debtor 1  Date Dated: 04/08/12(  MM / DD / YYYY  MM / DD / YYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <del>.</del>                               |

Official Form 108

Record # 742538 Statement of Intention for Individuals Filing Under Chapter 7

Page 2 of 2

#### Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Mair

### DISCLAIMER OBEDFOT'S have read and agree:

- 1. Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- 2. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- 3. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for fimily support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met:

  (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2
  YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District
  Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend
  you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes
  and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above
  time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- Time can be reversed by a Trustee and the transfere will have be give back the property of the states remain in your name until a foreclosure sale or the lender 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis
  Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have
  decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankruptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK & MAKE SURE OUR PETITION IS ACCURATE!!!!

Dated: 04 10 9012017

Genesis Marie Gonzalez

X Date & Sign

Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main Document Page 58 of 60

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Genesis Marie Gonzalez / Debtor

Bankruptcy Docket #:

Judge:

### VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CURRECT.

Dated: 04, 08/2017

Genesis Marie Gonzalez

X Date & Sign

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

## Case 17-11677 Doc 1 Filed 04/13/17 Entered 04/13/17 11:08:52 Desc Main Document Page 59 of 60

| Debto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | r 1              | Genesis                                   | Marie                                                                                                                                       | Gonzalez                                                   |                       | Case Number (if known) _ |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 9. <b>i</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Pensio<br>enefit | on or retirement i<br>t under the Social  | income. Do not include any ame<br>I Security Act.                                                                                           | ount received that was a                                   |                       | \$0.00                   | \$0.00                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Calau            | late vour total cu                        | urrent monthly income. Add line total for Column A to the total for                                                                         | es 2 through 10 for each<br>r Column B.                    |                       | \$1,731.48 +             | \$0.00 =                               | \$1,731.48                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | art 2:           | Determine V                               | Whether the Means Test Applies 1                                                                                                            | to You                                                     |                       |                          |                                        | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Calcu            | late your curren                          | t monthly income for the year.                                                                                                              | Follow these steps:                                        |                       |                          |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| war constitution of the co |                  | Multiply by 12 (ti                        | he number of months in a year).                                                                                                             |                                                            |                       |                          |                                        | x 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| 13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Calcu            | ulate the median                          | family income that applies to                                                                                                               | you. Follow these steps:                                   |                       |                          |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| ACCHEGO (CAL) DE GARAGO (CAL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | T- 6.            | ad a list of applica                      | ly income for your state and size<br>able median income amounts, g<br>m. This list may also be availab                                      | o online using the link spec                               | ified in the separate |                          | 13.                                    | \$76,406.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | . How            | do the lines con                          | npare?                                                                                                                                      |                                                            |                       |                          |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 14a.             | Go to Part 3.                             | ss than or equal to line 13. On the                                                                                                         |                                                            |                       |                          |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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Form B 201A, Notice to Consumer Debtor(s)

In re Genesis Marie Gonzalez / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 04/08/2017

Genesis Marie Gonzalez

X Date & Sign

Dated: 4 / 8 /2017

Attorney Lizette Villega